Agent Cover Sheet for File 4-356 (Rev. 12-20-67) COVER SHEET #3



OUT OF SERVICE

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COVER SHEET #2

ASSIGNMENT HISTORY OF

NICHOLAS JOHN PURCHIA

ENTERED ON DUTY AT WASHINGTON, D.C.

ON DECEMBER 9, 1946

	55 069-	16-6487			
OFFICE		DATE			
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PERFORMANCE RATINGS

DATE	RATING
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1-18-67	added 704/ Jin (06)
7-31-69	added Falley
12-2-71	11 11 LLD: bed
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ENTRANCE SALARY \$4149.60 CAF-9 SALARY CHANGES

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	DATE	GRADE	SALARY
	9-9-56	GS-13	\$8990
	3-9-58	CS-13-	#9205
	1-12-58	65-13	9890
	3-9-58	65-13	10,130
	9-6-59	65-13	10,370.
	7-10-60	05-13	11,155
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	9-2-62	65-13	11,675
/	10-14-62	G5-19	12,610
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	7-15-64	65-13	13,755
	8-30-64	65-13	14175
		211-13	14.685
	7/3/66	65-13	15,113
	8/28/66	G5-13	15,361
	10-8-67	DS - 13	16,207
	7-14-68		17,289
	7/13/69	65-13	18,974
,	8-24-69	651 3	19,501

12-28-69 65-13 20,673 1-10-71 65-13 21,905

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ASSIGNMENT HISTORY OF NICHOLAS JOHN PURCHIA

ENTERED ON DUTY AT WASHINGTON, D.C.

ON DECEMBER 9 1946

OFFICE	DATE
School	12-9-46
New Orleans	2-28-47
Knoxville	10-15-47
Resident Agent Oak Ridge, Tenn.	12-3-47
Atl _a nta	11-27-48
Atlanta & Decatur, Ga.	1-15-49
Washington Field	2-23-51 *** 9-10-51
New York City	9-10-51
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OPTIONAL FORM NO. 10
MAY 1962 EMITION
SOA DEM. NO. 27

UNITED STATES GOVERNMENT

Memorandum

TO	

:Mr. Callahan

DATE: 12/2/71

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	Dalbey
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	Walters
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Rosen Mohr _

Bishop ____ Miller, E.S. Callahan __

FROM

SUBJECT: SA NICHOLAS J. PURCHIA

New York Office

Veteran

PERMANENT BRIEF

Entered on Duty
Reported to Field
Present Grade and Salary
Last Salary Change
Age
Place of Birth
Marital Status
Education

Member of Bar
Language Ability
1971 Annual Performance Rating
Offices of Preference since 8/62
Firearms Ability
Outstanding Endorsers
Relatives in Bureau
Offices of Assignment:
2/28/47 assigned
10/15/47 reported
12/3/47 Resident Agent
11/27/48 reported

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reported

reported

12/9/46
2/28/47
GS-13 - \$21,905
1/10/71 - Basic Increase
58 - Born 8/28/1913
New York, New York
Married - 2 Children
Bachelor of Science Degree
Bachelor of Laws Degree
New York State Bar
None
EXCELLENT
New York
Qualified
None
None

New Orleans
Knoxville
Oak Ridge, Tennessee
Atlanta
Decatur, Georgia
Washington Field
New York

1/15/49

2/23/51

9/10/51





DEC & AFE

By letter dated 12-9-56 he received his Ten-Year Service Award Key.

His daily average overtime for January, 1 hour 31 minutes; February, 1 hour 33 minutes; March, 1 hour 35 minutes.

On 3-31-57 SAC J. J. Kelly rated him EXCELLENT and stated he was available for general or special assignment. He approached all investigative problems in a most mature fashion. He had been assigned to the Communist Front Unit and his work in particular had been in the field of Jewish matters. The major assignment he had had been that of the investigation of the Morning Freiheit. This investigation was of its nature most complex and he had most capably demontrated an ability to handle it. Paper work submitted by him was far above average and his work in general needed much less that the average amount of supervision. He was interested in and available for administrative advancement. It was believed that he could very capably carry out supervisory duties in the field and at the Seat of Government.

His daily average overtime for April, 1 hour 40 minutes; May, 1 hour 42 minutes; June, 2 hours, July, 2 hours 27 minutes; August, 2 hours 27 minutes; September, 2 hours 27 minutes; October, 1 hour 24 minutes; November, 2 hours 4 minutes; December, 2 hours 27 minutes.

On 1-12-58 he received a Basic Salary Increase to \$9890 per annum in GS-13.

His daily average overtime for January, 2 hours 35 minutes; February, 1 hour 31 minutes; March, 1 hour 33 minutes

On 3-9-58 he received a Uniform Promotion to \$10,130 per annum in GS-13.

On 3-31-58 SAC Powers rated him EXCELLENT and stated he was available for general or special assignment. He had continued to be assigned complex investigative assignments in the Internal Security field. He discharged all his assignments in a most conscientious willing fashion. All written work of his was considered far above average and his work in general needed only the minimum amount of supervision. He could be utilized on raids and dangerous assignments. He was available for administrative advancement; however, had indicated that he would desire to advance along investigative lines.

On 4-22-58 he was placed on the inactive list of Inspector's Aide inasmuch as he did not desire to advance along administrative lines.

His daily average overtime for April, 2 hours 32 minutes; May, 2 hours 35 minutes; June, 2 hours 24 minutes; July, 1 hour 56 minutes; August, 2 hours 34 minutes; September, 1 hour 38 minutes; October, 1 hour 56 minutes; November, 2 hours 23 minutes; December, 2 hours 18 minutes; January, 2 hours 8 minutes; February, March, no overtime recorded.

On 3-31-59 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He had been assigned to the Internal Security Squad specifically that unit handling Communist front matters. These cases were of their nature complex and he had ably demonstrated his ability to handle complex investigative assignments. He was deemed qualified to participate in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 1 hour 47 minutes; May, 2 hours 22 minutes; June, 1 hour 26 minutes; July, 1 hour 34 minutes; August, 2 hours 22 minutes; September, 1 hour 29 minutes.

On 9-6-59 he received a Uniform Promotion to \$10,370 per annum in GS-13.

His daily average overtime for October, 1 hour 35 minuts; November, 2 hours 24 minutes.

He attended Security In-Service training from 11-2-59 to 11-13-59.

His daily average overtime for December, 1 hour 36 minutes; January, 2 hours 19 minutes; February, 2 hours 33 minutes; March, 1 hour 57 minutes.

On 3-31-60 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He had been assigned cases involving the investigation of Communist front matters. He had handled these investigations in a most efficient manner. He was capable of handling the most complicated investigative matters. He was also capable of participating in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 33 minutes; May, 2 hours 5 minutes; June, 2 hours 1 minute; July, 2 hours 29 minutes; August, 2 hours 24 minutes; September, 1 hour 46 minutes; October, 2 hours 25 minutes; November, 2 hours 36 minutes; December, 2 hours 13 minutes; January, 1 hour 34 minutes; February, 1 hour 45 minutes; March, 2 hours 41 minutes.

On 3-5-61 he received a Uniform Promotion to \$11,415 per annum in GS-13.

On 3-31-61 SAC Foster rated him EXCELLENT and stated he was available for general or special assignment. He was well liked by those with whom he came in contact. He had been assigned cases involving Communist Front Investigations. He had performed his duties in a most efficient manner. He was very enthusiastic and readily assumed responsibility. He used above average judgment. He was capable of handling the more complicated investigative matters. He was also capable of participating in raids and dangerous assignments. He was not interested in administrative advancement.

His daily average overtime for April, 2 hours 31 minutes; May, 2 hours 41 minutes; June, 1 hour 46 minutes; July, 1 hour 41 minutes; August, 2 hours 49 minutes; September, 1 hour 50 minutes; October, 2 hours 50 minutes; November, 2 hours 46 minutes; December, 2 hours 4 minutes; January, 2 hours 38 minutes; February, 3 hours 37 minutes.

On 3-31-62 SAC Foster rated him EXCELLENT and reported he had been assigned cases involving the investigation of Communist front organizations. He was considered a top-flight investigator. He was very enthusiastic, readily assumed responsibility, used above-average judgment, and was capable of handling the more complicated investigative matters. He presented a fine appearance. He had been alert to obtain names of those individuals who appear to be good potential informants and turned these names over to agents working actively in the Informant program. He assisted another agent in the development of a source resulting in technical coverage of an important convention in the New York area. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1962 was 2 hours 14 minutes; April 2 hours 40 minutes; May 2 hours; June 2 hours 22 minutes; July 1 hour 32 minutes; August 2 hours 15 minutes.

On 9-2-62 he received a Uniform Promotion to \$11,675 per annum in Grade GS-13.

His daily average overtime for September, 1962 was 1 hour 59 minutes.

On 10-14-62 he r eceived a Basic Salary Increase to \$12,610 per annum in Grade GS-13.

His daily average overtime for October, 1962 was 2 hours 12 minutes; November 2 hours 9 minutes; December 2 hours 21 minutes. January, 1963 was 2 hours 3 minutes; February 2 hours 7 minutes.

He attended Advanced Security In-Service from 3-4-63 to 3-7-63 and again from 3-22-63 to 3-29-63.

On 3-8-63 the Director's note expressing sympathy was sent upon the passing of his Sister, Mrs. Victoria Eanni, who died suddenly.

On 3-31-63 Assistant Director in Charge Malone rated him EXCELLENT and reported he had been assigned cases involving investigation of Communist front organizations. Hehad shown an exceptional amount of initiative, resourcefulness, force and aggressiveness in handling his assignments.

He was very enthusiastic and hard working, and was the type of Agent who constantly applied himself to the best of his ability in any given situation. He readily accepted responsibility and discharged such with no supervision required. He was capable of handling the most complicated investigative matters and produced excellent results. He quality and quantity of his work had always been very high. He assisted another Agent in connection with the development of a Informant and had turned over several names to agents working full time on the Informant Program. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1963 was 2hours 6 minutes; April 2 hours 11 minutes; May 2 hours 5 minutes; June 2 hours 36 minutes; July 2 hours 7 minutes; August 2 hours 10 minutes; September 2 hours 15 minutes.

On 10-16-63 he was COMMENDED, THROUGH ASSISTANT DIRECTOR IN CHARGE MALONE, along with the agents in the New York Division who contributed so effectively to the contacts of several highly confidential sources of information in the security field. (RE: Communist Party, USA, Internal Security - C.)

His daily average overtime for October, 1963 was 2 hours 21 minutes; November 2 hours 8 minutes; December 2 hours 30 minutes.

On 1-5-64 he received a Basic Salary Increase to \$13,265 per annum in Grade GS-13.

His daily average overtime for January, 1964 was 2 hours 5 minutes; February 2 hours 28 minutes.

On 3-31-64 Assistant Director in Charge Malone rated him EXCELLENT and reported he had continued to be assigned cases involving investigation of Communist front organizations, especially involving the Jewish field. He had shown above-average initiative, resourcefulness, force and aggressiveness in the handling of these assignments and was the type of Agent whogeonstantly gave his very best to his work. He was capable of handling the more complicated investigative matters. He was able to participate in raids and dangerous assignments. He had the type of cases which present almost an unsurmountable problem in developing informants. He had interviewed and assisted in interviews of numerous individuals for the purpose of developing informants, but this had met with negative results. He was very alert to the need for informants. He continued to be listed as being not interested in administrative advancement.

His daily average overtime for March, 1964 was 2 hours 8 minutes; April 2 hours 8 minutes; May 2 hours 21 minutes; June 2 hours 1 minute.

On 7-5-64 he received a Basic Salary Increase to \$13,755 per annum in Grade GS-13.

His daily average overtime for July, 1964 was 2 hours 22 minutes.

On 8-30-64 he received a Within-Grade Increase to \$14,175 per annum in Grade GS-13.

His daily average overtime for August, 1964 was 2 hours 30 minutes; September, 2 hours 13 minutes; October, 2 hours 5 minutes; November, 2 hours 6 minutes; December, 2 hours 13 minutes; January, 1965, 2 hours 3 minutes; February, 2 hours 41 minutes.

On 3-31-65 he was rated EXCELLENT with comments that he was assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. He was considered to be above average, experienced and he did a superior job on all the cases he investigated. He was above the average in initiative, resourcefulness, force and agressiveness and he was most loyal and had an outstanding attitude. He was always most cooperative and readily accepted responsibility. He was capable of handling complicated investigative matters and he required a minimum of supervision. He developed a Panel informant and was not interested in administrative advancement.

His daily average overtime for March, 1965 was 2 hours 5 minutes; April, 2 hours 16 minutes; May, 2 hours 11 minutes; June, 2 hours 13 minutes.

By letter dated 7-2-65 he was COMMENDED, through Mr. Malone, along with others who participated so capably in the investigation of the Destruction of Government Property case involving Robert Steele Collier and others.

His daily average overtime for July, 1965 was 2 hours 7 minutes; August, 2 hours 10 minutes; September, 2 hours 5 minutes.

On 10-10-65 he received a Basic Salary Increase to \$14,685 per annum in Grade GS-13.

His daily average overtime for October, 1965 was 2 hours 3 minutes; November, 2 hours 9 minutes; December, 2 hours 24 minutes; January, 1966, 2 hours 10 minutes; February, 2 hours 3 minutes.

On 3-31-66 he was rated EXCELLENT with comments that he handled investigations involving Communist front organizations, especially the Jewish field. He demonstrated himself to be far above the average and showed outstanding initiative, resourcefulness, force and aggressiveness. He was most loyal and had an outstanding attitude and was always cooperative and willing. He was considered to be the type of agent who could handle the

most complicated investigative matter without any supervision and who could always be depended upon to do an outstanding job. He handled one Panel Source during the rating period and continued to be not interested in administrative advancement.

His daily average overtime for March, 1966, 2 hours 13 minutes; April, 2 hours 15 minutes; May, 2 hours 19 minutes; June, 2 hours 3 minutes.

On 7-3-66 he received a Basic Increase to \$15,113 per annum in Grade GS-13.

His daily average overtime for July, 1966, 2 hours 4 minutes.

On 8-28-66 he received a Within-Grade to \$15,561 per annum in Grade GS-13.

His daily average overtime for August, 1966, 2 hours 6 minutes; September, 2 hours 21 minutes; October, 2 hours 17 minutes; November, 2 hours 8 minutes.

By letter dated 12-9-66 he was awarded his 20-Year Service Award Key.

His daily average overtimes for December, 1966, 2 hours 9 minutes; January, 1967, 2 hours 2 minutes; February, 2 hours 5 minutes.

On 3-31-67 he was rated EXCELLENT with comments stating he had been assigned cases involving the investigation of Cominfil and Communist front@organizations. He could handle the most complicated investigative matter without any supervision and his work was always far above average. He was not interested in administrative advancement.

His daily average overtime for March, 1967, 2 hours 8 minutes; April, 2 hours 17 minutes; May, 2 hours 5 minutes; June, 2 hours 6 minutes; July, 1 hour 42 minutes; August, 2 hours 48 minutes; September, 2 hours 21 minutes.

On 10-8-67 he received a Basic Increase to \$16,207 per annum in Grade GS-13.

His daily average overtime for October, 1967, 2 hours 47 minutes.

By letter dated 11-3-67 he was COMMENDED for the quality of his work pertaining to a recent demonstration in the Washington, D. C., area.

His daily average overtime for November, 2 hours 17 minutes; December, 2 hours 14 minutes; January, 1968, 2 hours 8 minutes; February, 2 hours 44 minutes.

On 3-31-68 he was rated EXCELLENT with comments stating he had been assigned cases involving investigations of Cominfil and Communist front organizations, especially those involving/Jewish field. He had consistently proven that he could handle the most complicated investigative matters without any supervision. He was not interested in administrative advancement.

His daily average overtime for March, 1968, 2 hours 11 minutes; April, 2 hours 46minutes; May, 2 hours 5 minutes; June, 2 hours 4 minutes.

On 7-14-68 he received a Basic Increase to \$17,289 per annum in Grade GS-13.

His daily average overtime for July, 1968, 2' 49"; August, 2' 5"; September, 2' 43"; October, 2' 9"; November, 2' 7".

He attended In-Service training in Advanced Security - Communist Matters from 11/25/68 to 12/6/68.

His daily average overtime for December, 1968, 2' 39"; January, 1969, 2' 20"; February, 2' 36".

On 3/31/69 he was rated EXCELLENT and comments reflected that he carefully supervised his own work, meeting all deadlines, and invariably dids a superior job. He had consistently proven he could handle the most complicated investigative matters with a bare minimum of supervision. He was a dependable, conscientious person. He voluntarily participated in extra duty assignments. He was not interested in administrative advancement.

His daily average overtime for March, 1969, 2' 48"; April, 2' 8"; May, 2' 43"; June, 2' 13".

On 7/13/69 he received a Basic Increase to \$18,974 per annum in GS-13.

His daily average overtime for July, 1969, 2' 9".

On 8/24/69 he received a Within Grade Increase to \$19,501 per annum in GS-13.

His daily average overtime for August, 1969, 2' 47"; September, 2' 11"; October, 2' 11"; November, 2' 48".

On 12/28/69 he received a Basic Increase to \$20,673 per annum in GS-13.

His daily average overtime for December, 1969, 2' 28"; January, 1970, 2' 18"; February, 2' 46".

On 3/31/70 he was rated EXCELLENT and comments reflected that he carefully supervised his own work, meeting all deadlines, and invariably did a superior job. He readily accepted responsibility, was always willing to be of assistance and was most cooperative. He was not interested in administrative advancement.

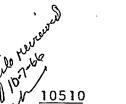
His daily average overtime for March, 1970, 2' 5"; April, 2' 4"; May, 2' 29"; June, 2' 5"; July, 2' 5"; August, 2' 27"; September, 2' 30"; October, 2' 30"; November, 2' 3"; December, 2' 28".

On 1/10/71 he received a Basic Increase to \$21,905 per annum in GS-13.

His daily average overtime for January, 1971, 2' 6"; February, 2' 26".

On 3/31/71 he was rated EXCELLENT and comments reflected that he was a dependable conscientious Agent, who carefully supervised his own work and invariably did a superior job. He readily accepted responsibility, was always willing to be of assistance, and was most cooperative. He was not interested in administrative advancement.

His daily average overtime for March, 1971, 2' 7"; April, 2' 28"; May, 2' 5"; June, 2' 8"; July, 2' 30"; August, 2' 17"; September, 2' 30"; October, 2' 13".



EMPLOYEE NO.



PURCHIA NICHOLAS J NAME 069-16-6407 SOC. SEC. NO.

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FBI PERSONNEL STATUS FORM

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PURCHTA, NTCHOLAS MARITAL STATUS: SINGLE	MARRIE	D DIVORO	8/2	SEPARATED	069-1	6-6407	
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PLACE OF EMPLOYMENT _							<u></u>]
NAMES OF YOUR IMMEDIATE RELA	TIVES: (if de	ceased, so state	(use suppl	emental sheet	if necessary)		.]
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2. PARENTS (including foster parents, station, etc.), BROTHERS, SISTERS & THE	epparents, guara	RELATIONSHIP	AGE (if known)	RESIDENCE	(City and State)	(if known)	
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MAMIE		MOTHER	83	710EAS	T 237.SV.,	BRONY.F	7.7
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VICTORIA EANNI		SISTER IN LAN					
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3. YOUR SPOUSE'S PARENTS, BROTHE	RS & SISTERS	RELATIONSHIP	AGE (if known)	RESIDENCE	(City and State)	(if known)	
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	ORGANIZATIONS: ALL EMPLOYEES list all organizat AGENTS list former membership in l honorary or professional groups whil	tions to which you Boy Scouts (indic	u presently b ating exact i	elong - do not abbrevi rank attained) and affi	ate. ONLY SPEC. liation with fratern
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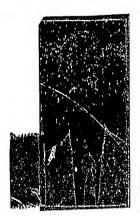


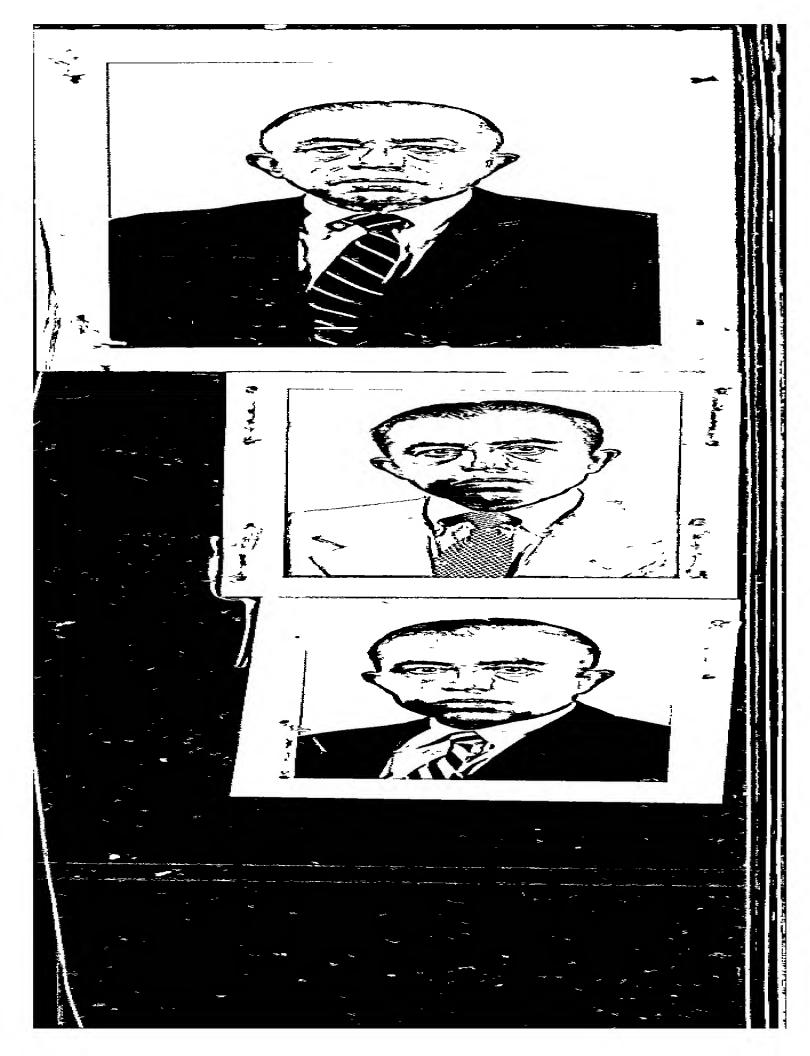
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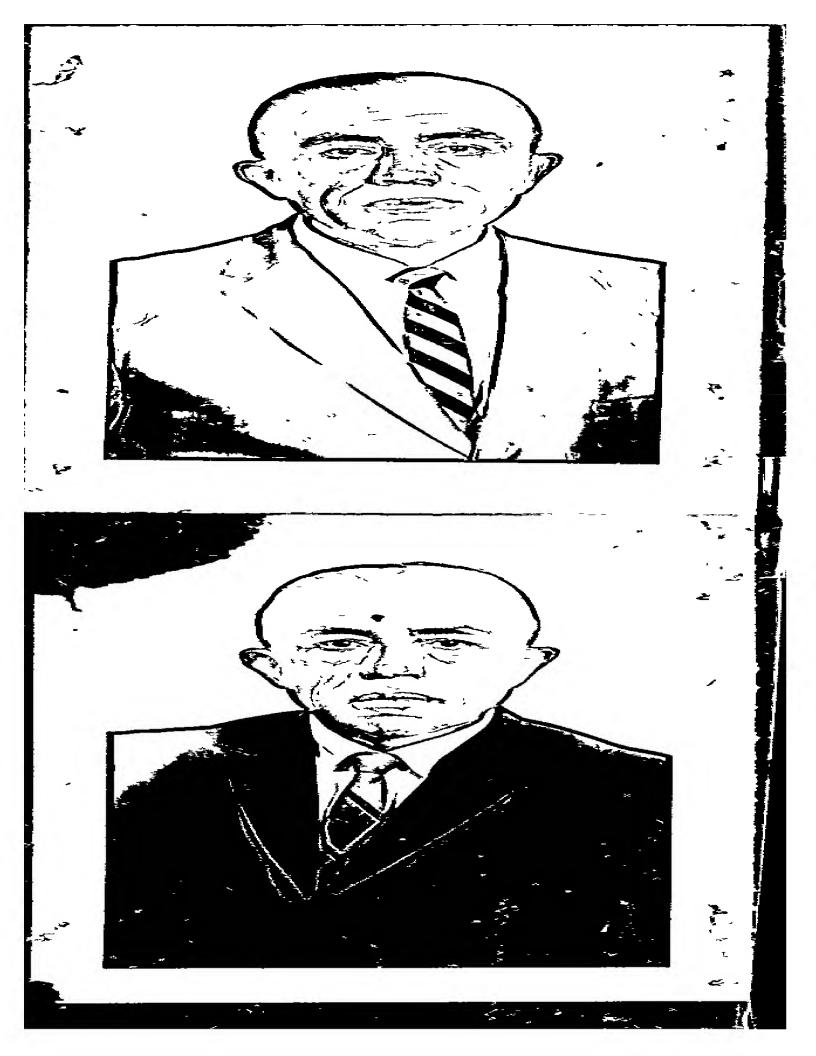
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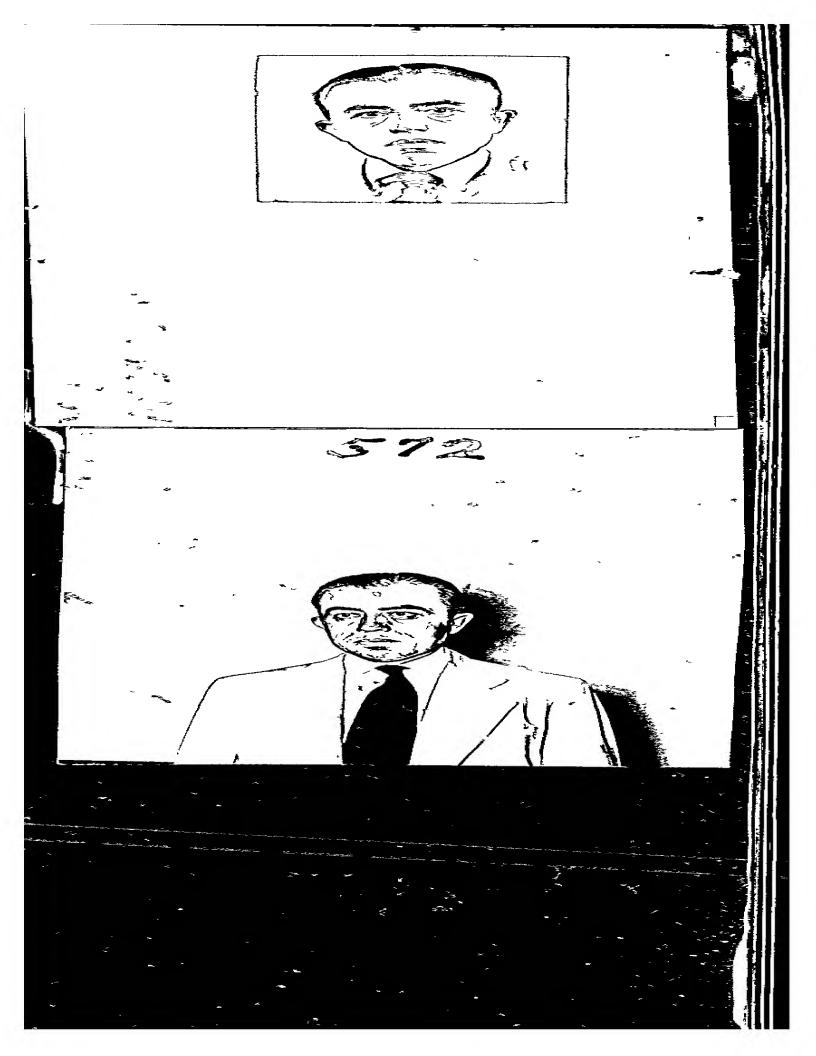




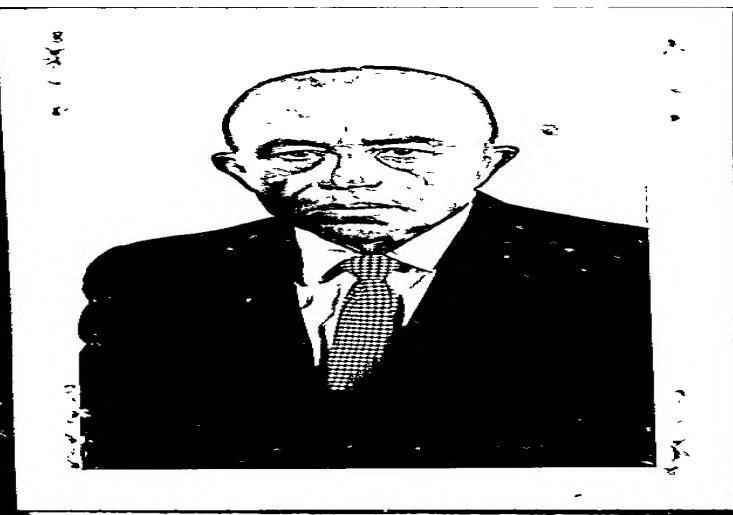
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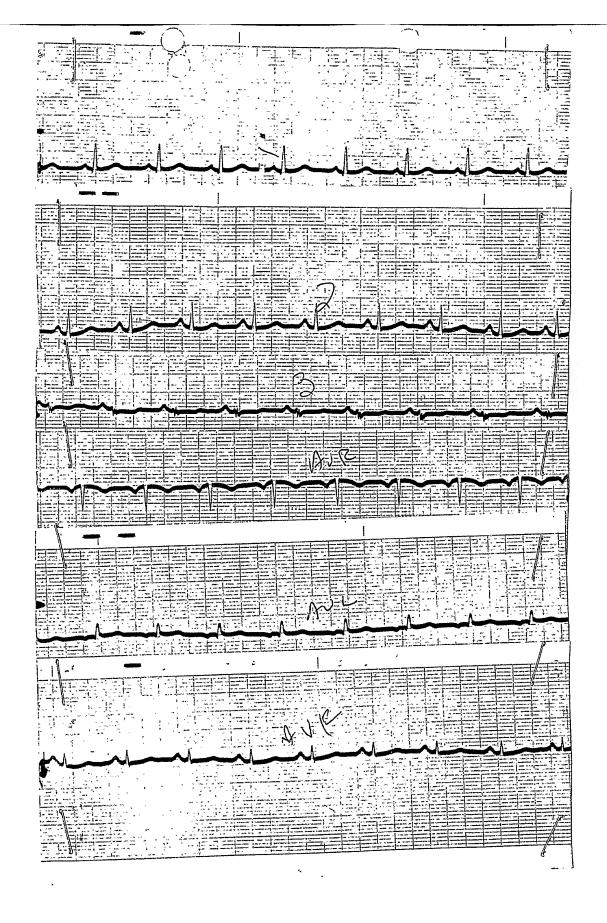






Standard Form 520 (Attach tracings to S. F. 507)

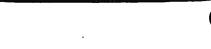
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Circular A—32

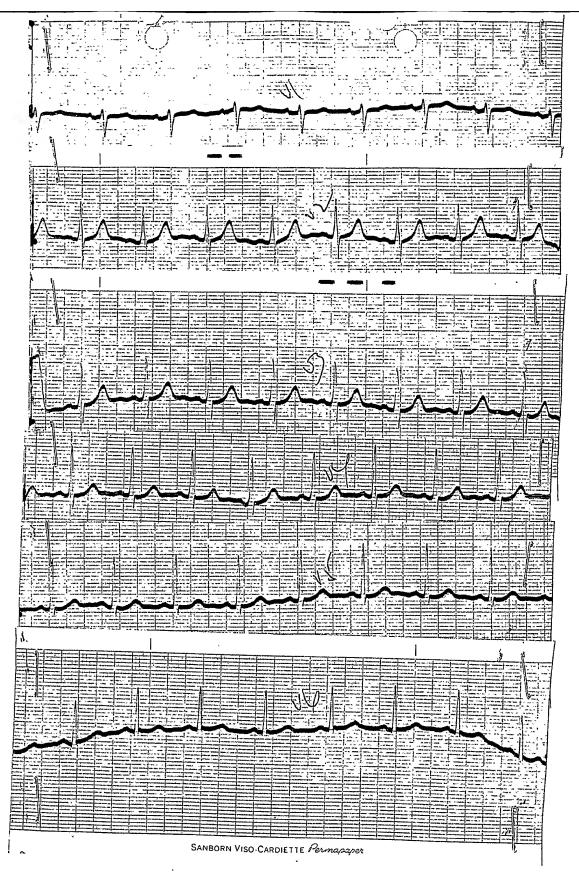




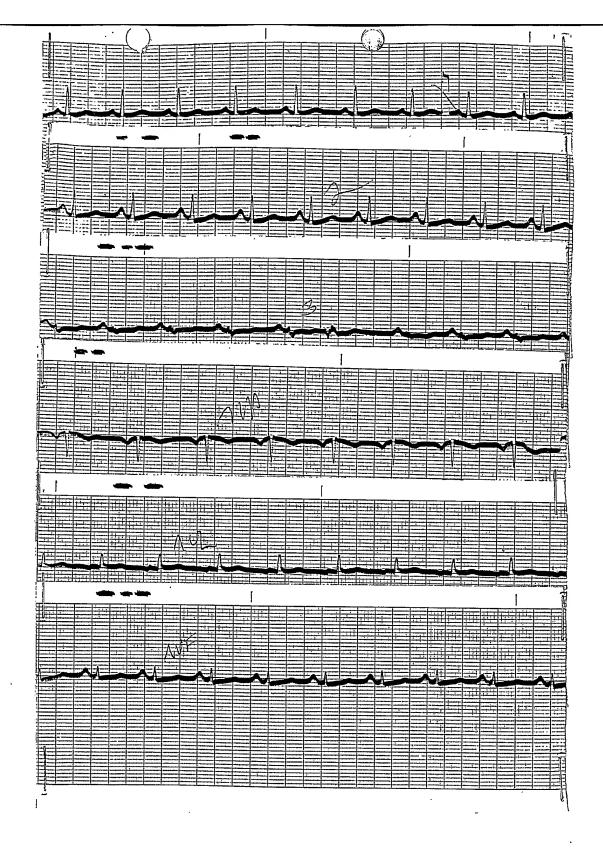


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ELECTROCARDIOGRAPHIC RECORD Standard Form 520 (Attach tracings to S. F. 507)



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Standard Form 520 Rev. August 1954 Promulgated By Bureau of the Budget Circular A—32







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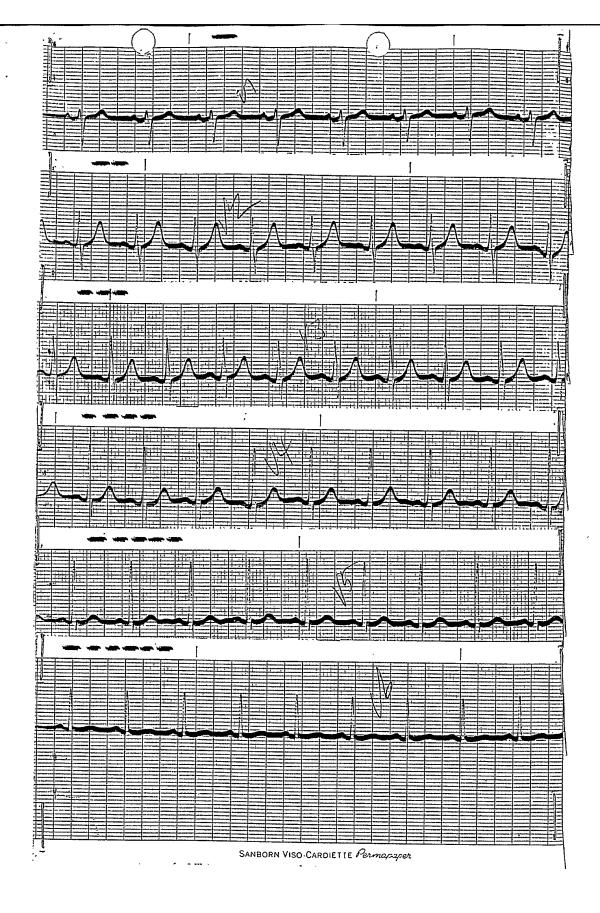
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ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

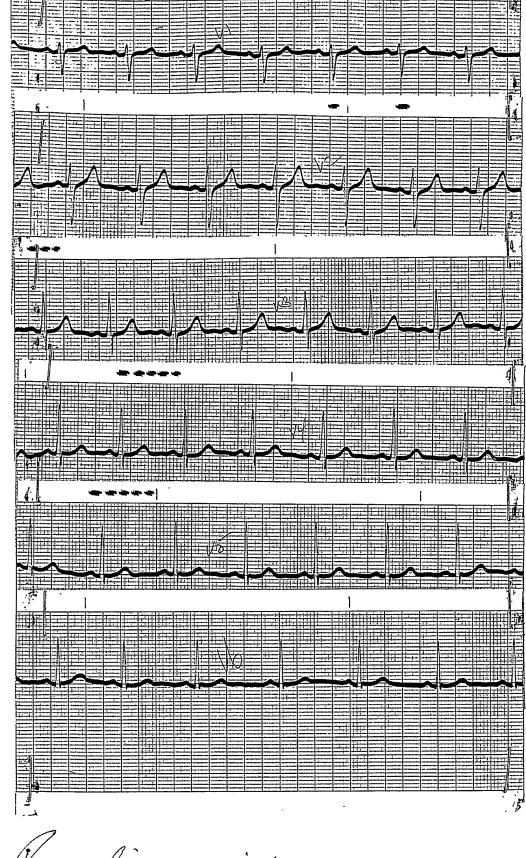
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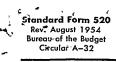


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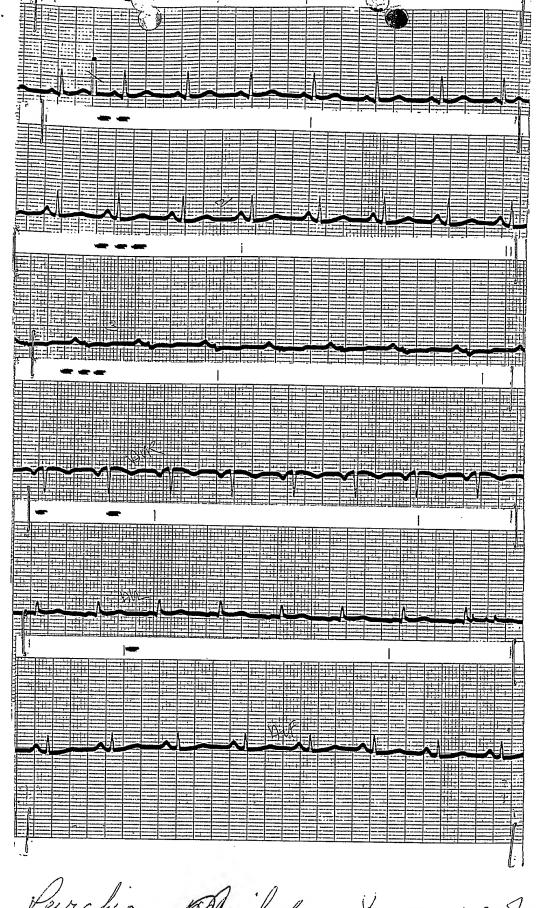
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Standard Form 520

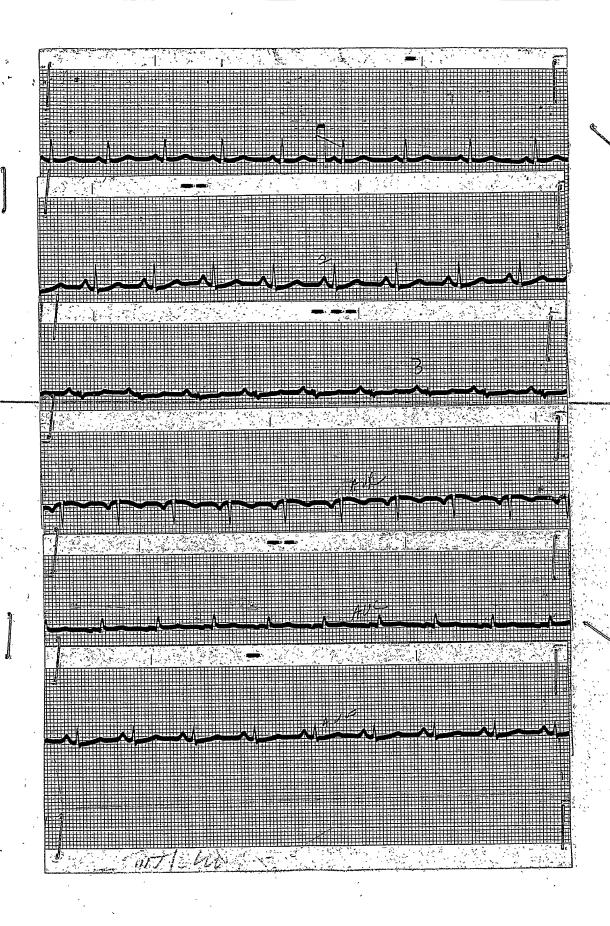
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(Attach tracings to S. F. 507)



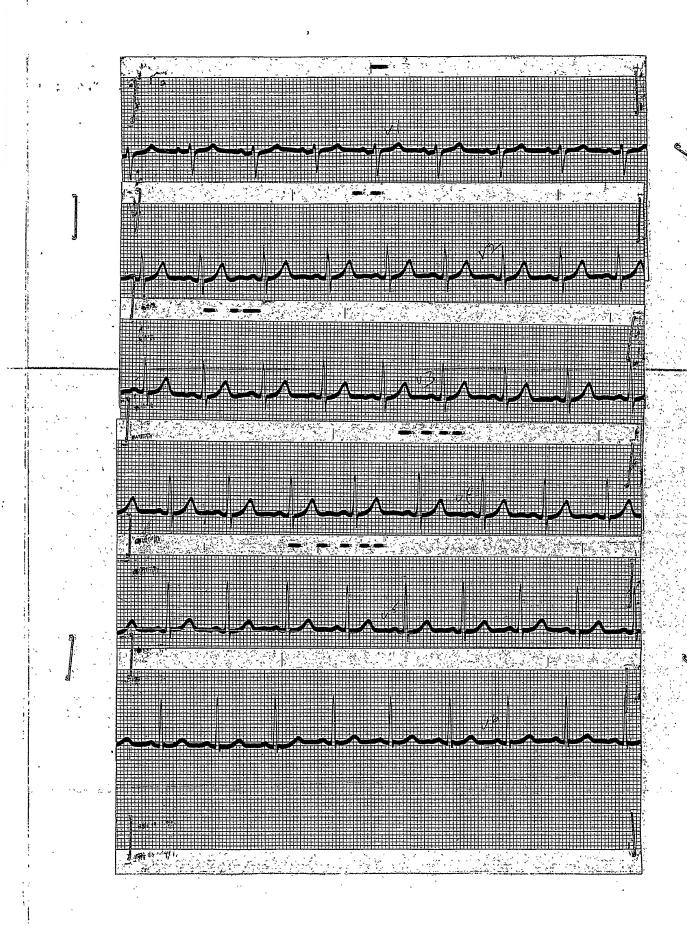
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Standard Form 520 Rev. August 1954 Burequ of the Budget Circular A-32



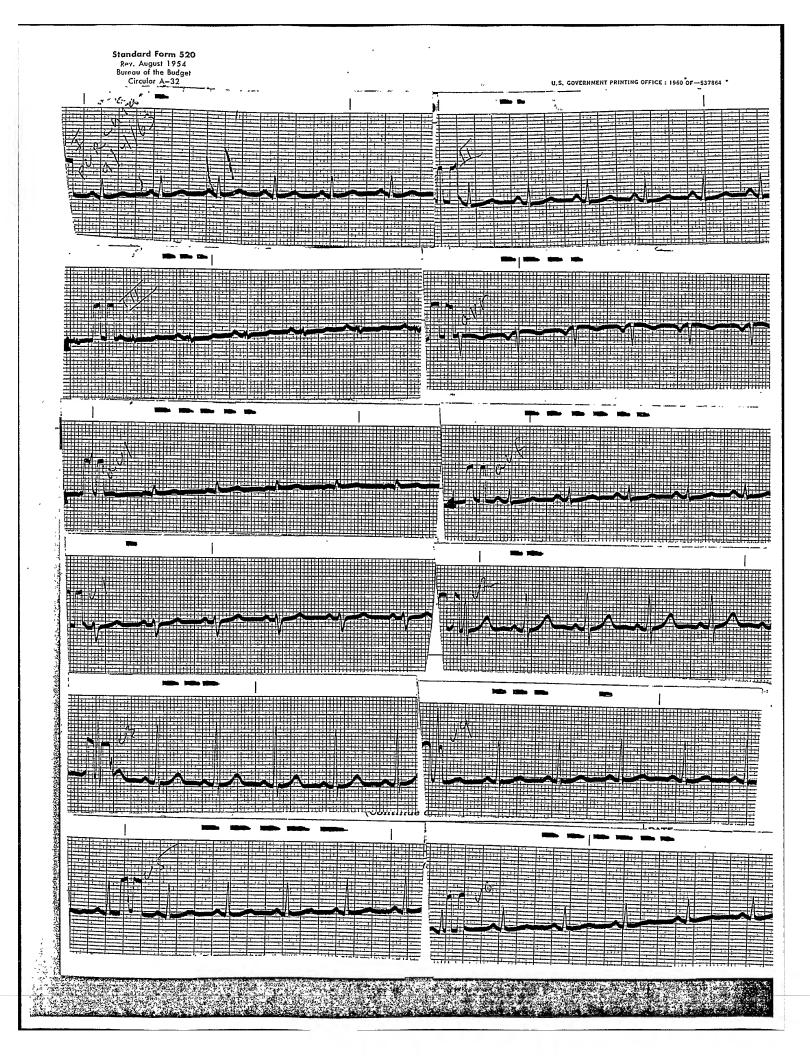
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Standard Form 520 Rev. August 1954 Bureau of the Budget Circular A-32 CLINICAL RECORD CLINICAL IMPRESSION AGE SEX RHYTHM INTERVALS QRS QRS COMPLEXES RS-T SEGMENT UNIPOLAR EXTREMITY LEAD PRECORDIAL LEADS (Specify) SUMMARY, SERIAL CHANGES TITLE NO. SIGNATURE ECG PATIENT'S IDENTIFICATION (For typed or written entries giver Name—last, first, middle; grade; date; hospital or medical facility) ELECTROCARDIOGRAPHIC RECORD Standard Form 520

520-103

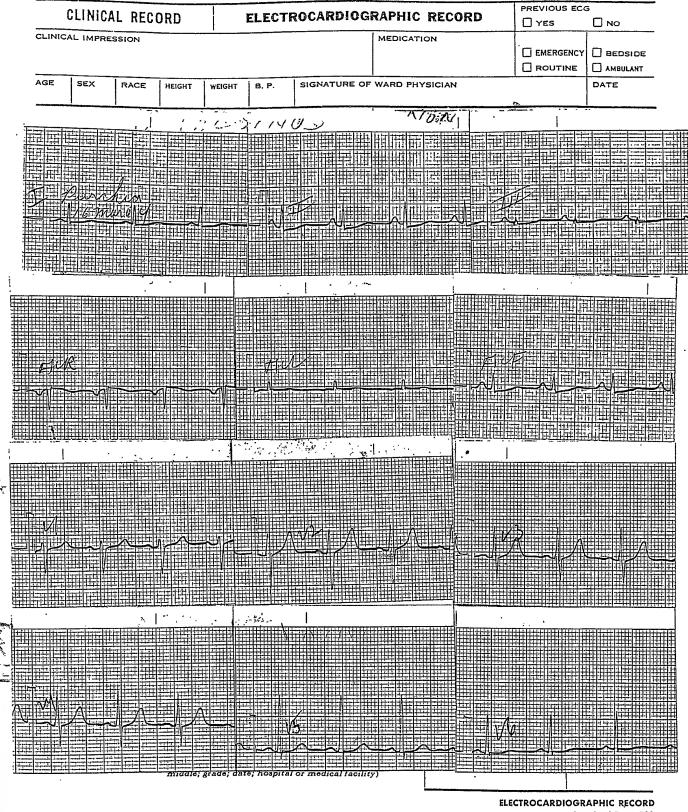
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Standard Form 520

520-103

* (Attach tracings to S. F. 507)







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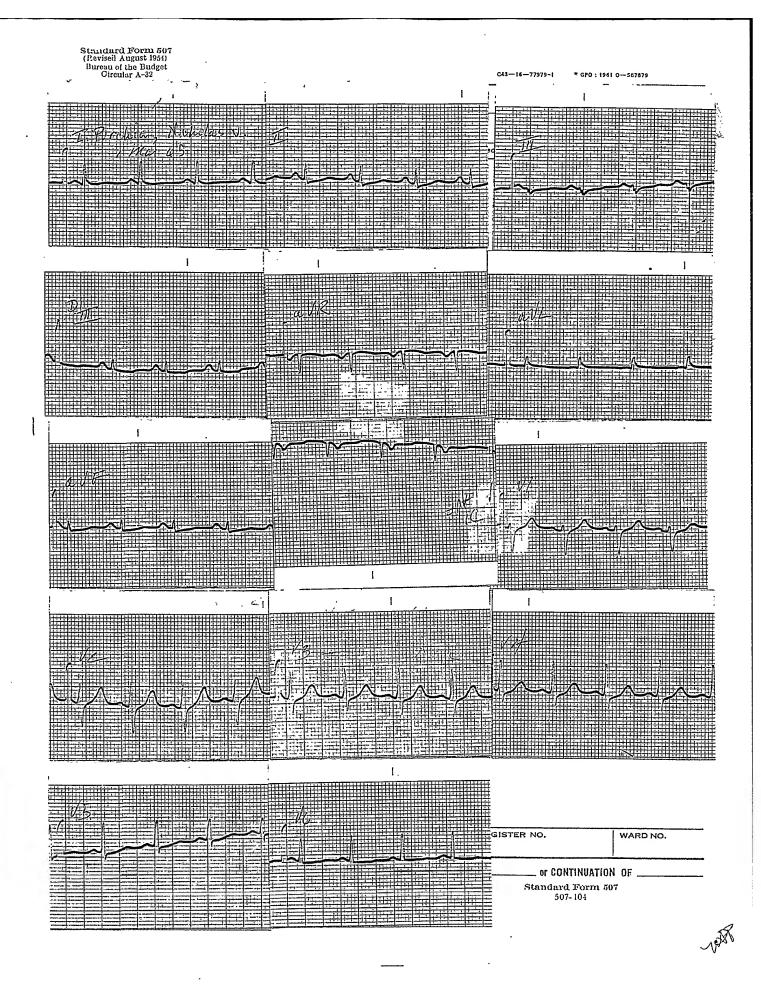
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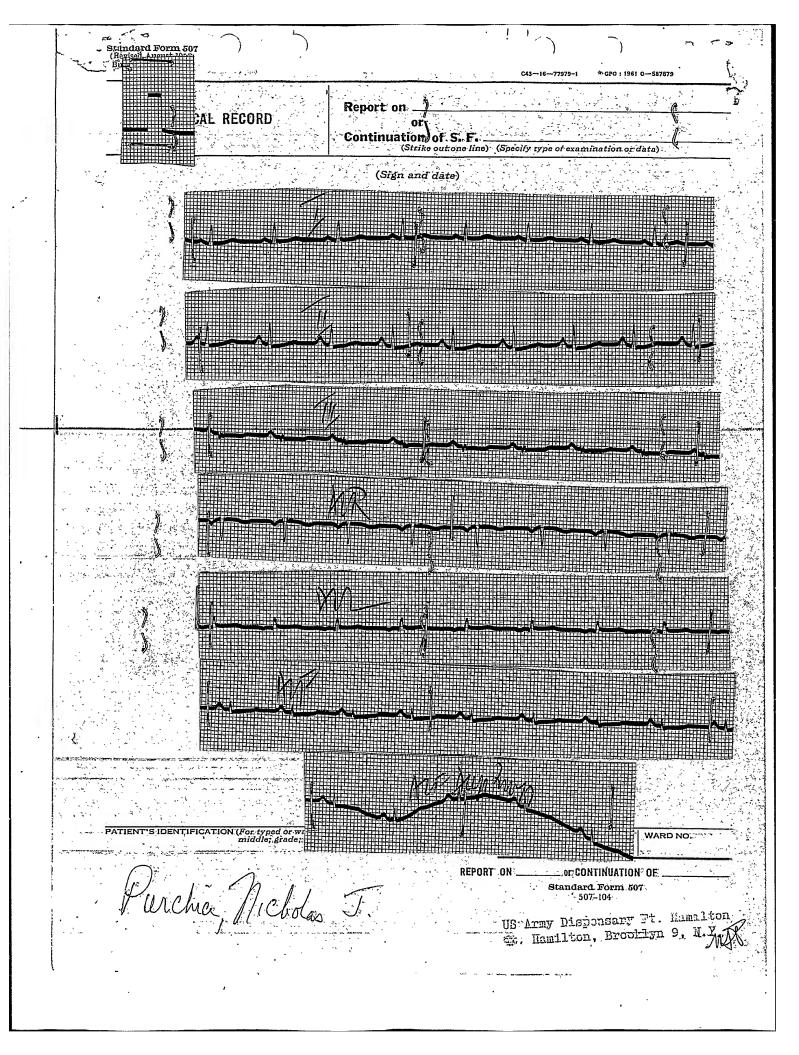
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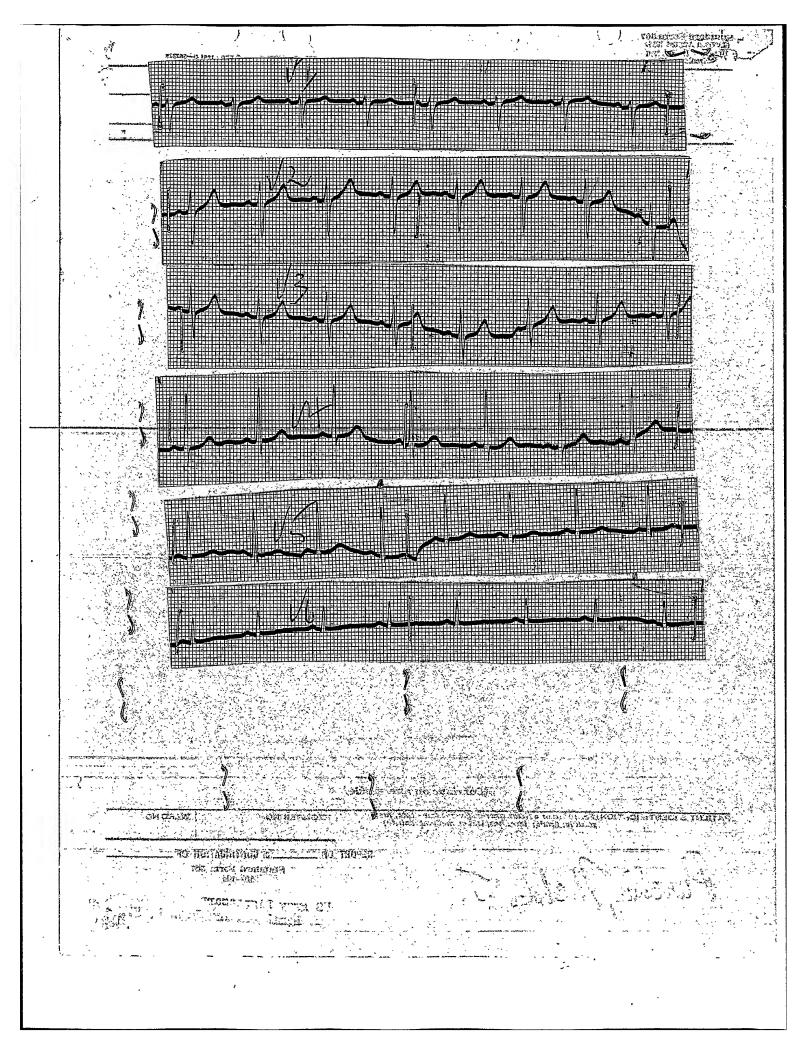
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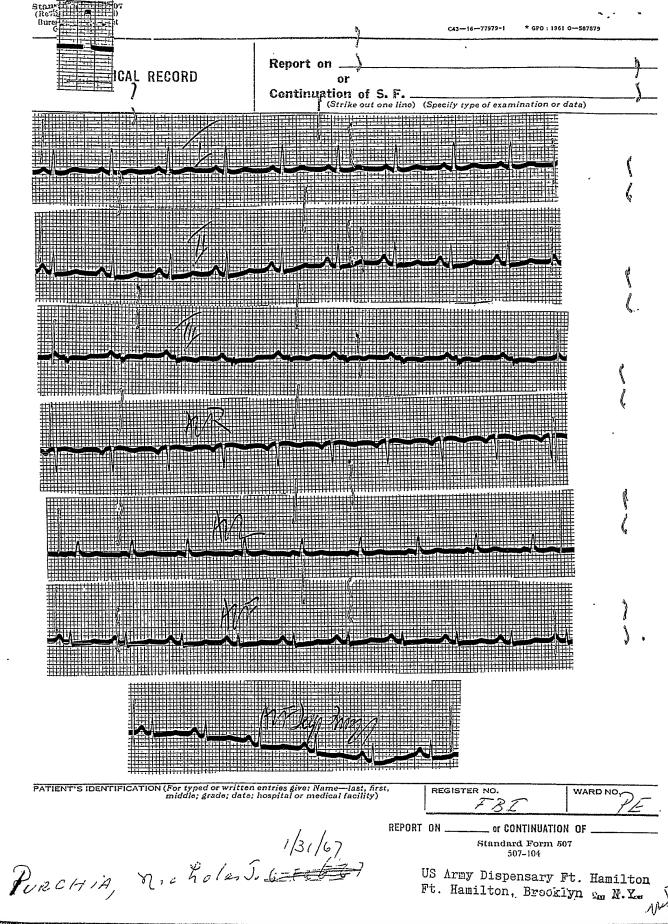
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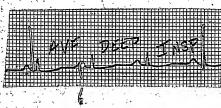


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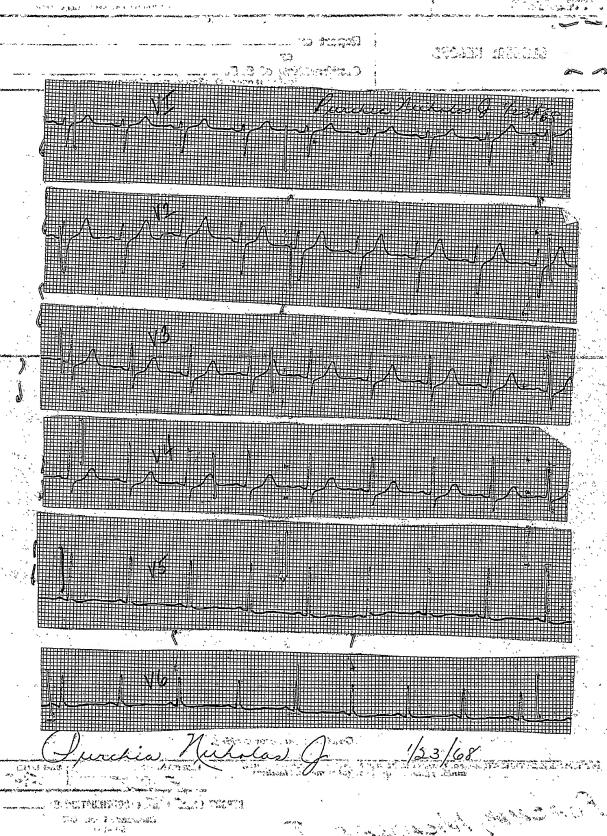
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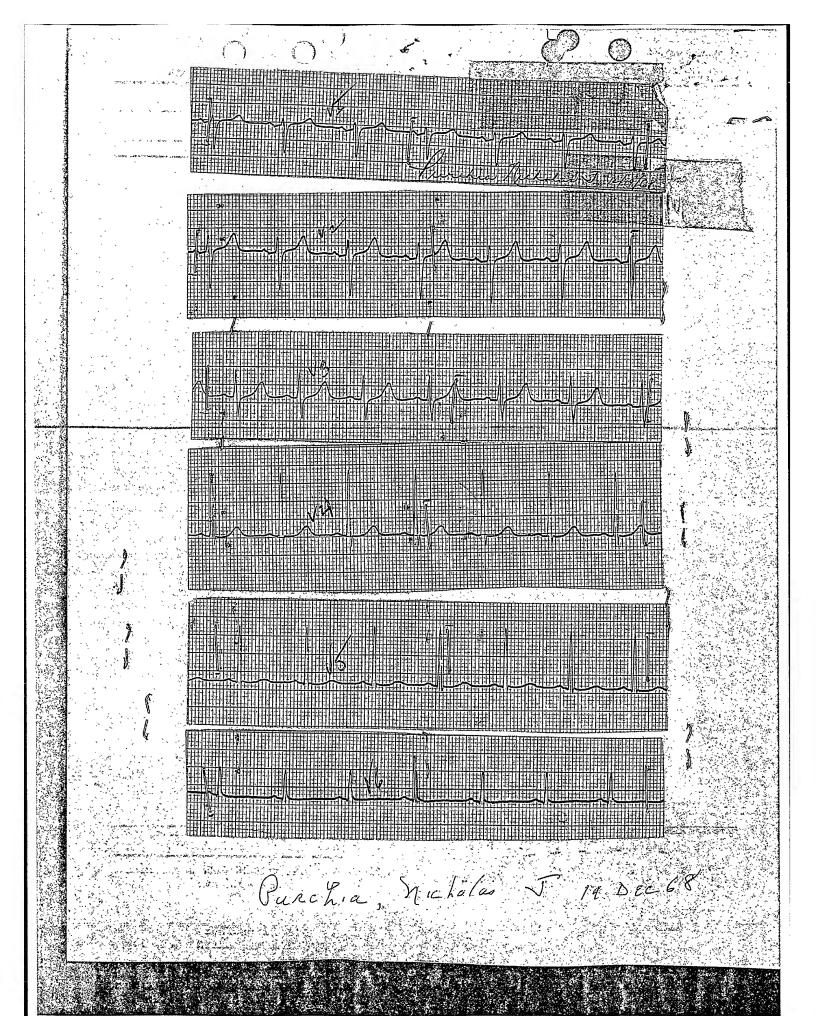


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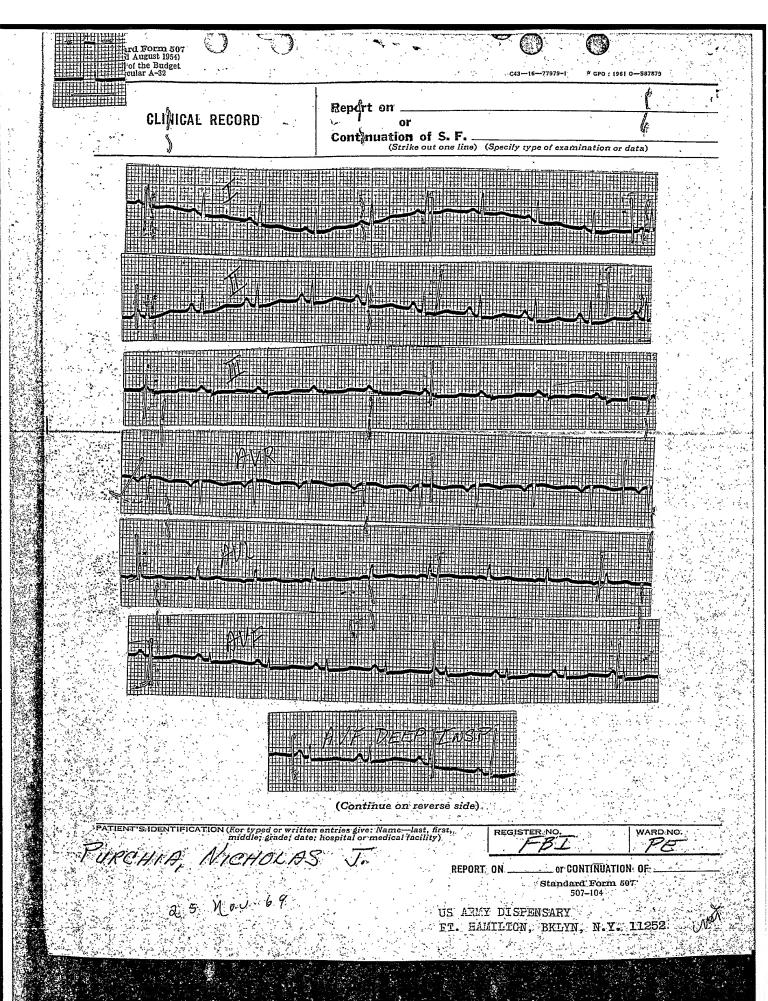


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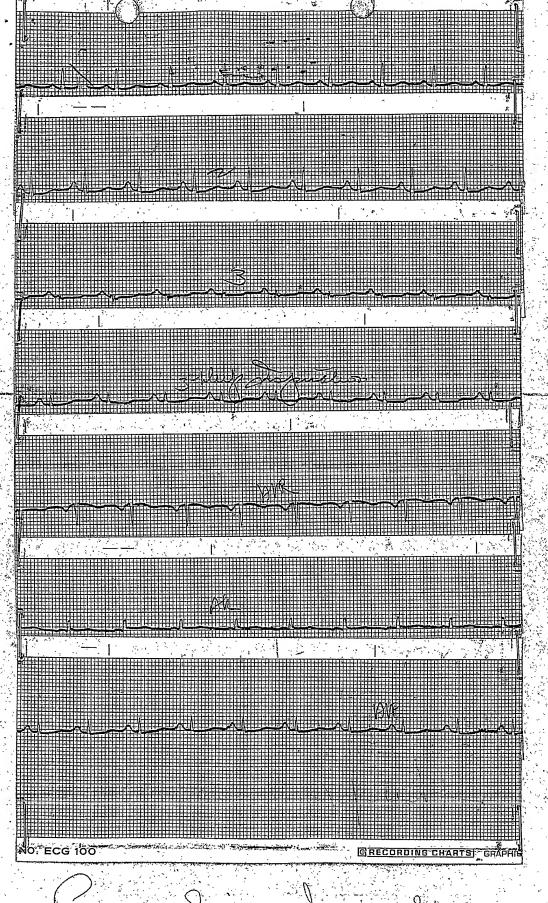






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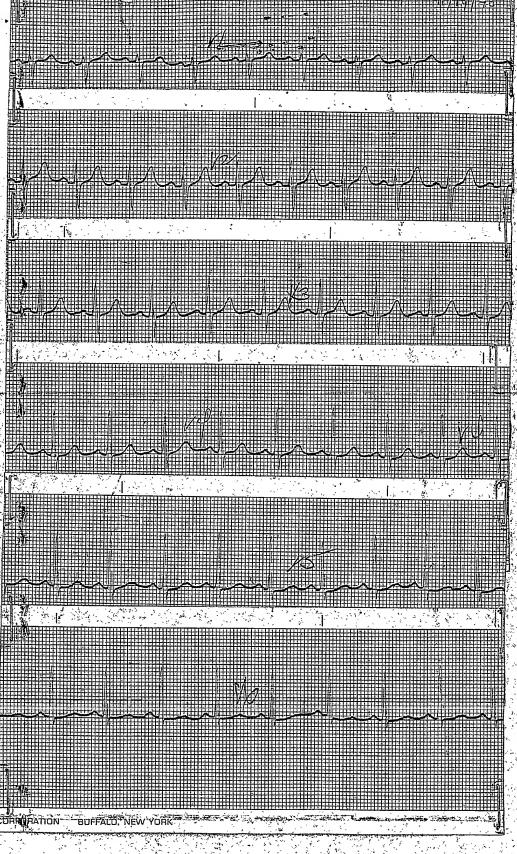
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19- Jun. 70.

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Certificate of Service



This is to certify that

HICHCLAS J PURCHIA O1 002 715 Captain
Reception Center Fort Devens Eassachusetts

honorably served in active Federal Service in the

Army of the United States

from 4 May 1943

to 9 May 1946

Given at Washington, D. C., on 23 November 1953

WM. E. BERGIN Major General, USA The Adjutant General

D. TYPE OF IMMEDIATE RETIREMENT 1. AGE Enter date that notice of mandatory separation was given to employee (Date) 2. X OPTIONAL If retirement is under special provision for law enforcement employees, attach agency head's recommendation. (Voluntary) DISCONTINUED Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee. . Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. 4. DISABILITY → Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment. E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS 1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions) X YES. Enter following information below: NO. Give reason below: Less than 12 years service for life insurance purposes and retire-Eligible to continue regular insurance only. ment not for disability. Eligible to continue regular plus optional insurance; continuous Waived all life insurance coverage. optional insurance coverage since: Not eligible for life insurance. 2-14-68 Other (specify) (Insert date of most recent SF 176, Election, Declination, or Waiver of 2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions) YES. Enter following information: NO. Give reason below: Less than 12 years service for health benefits purposes and retire-442 ment not for disability. Enrollment Code Number Not enrolled since first opportunity or for 5 years of service immedi-3205918 ately before retirement, whichever is less. Carrier Control Number Not enrolled for health benefits. Other (specify) 3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below. PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RE-PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT TIREMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted after separation for retirement. Record) will be submitted for approval before separation for retirement. LIFE INSURANCE DOCUMENTATION LIFE INSURANCE DOCUMENTATION Applicant eligible for continued life insurance coverage. Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when Insurance Status) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel submitted after separation for retirement. HEALTH BENEFITS DOCUMENTATION HEALTH BENEFITS DOCUMENTATION Applicant eligible for continued health benefits enrollment. Applicant eligible for continued health benefits enrollment. Establish follow'up to assure that personnel folder copy of SF 2810 (Trans-Upon separation attach personnel folder copy of SF 2810 (Transferring ferring enrollment to Civil Service Retirement System) and all personnel enrollment to Civil Service Retirement System) and all personnel folder folder copies of SF 2809 and SF 2810 together with any medical certificates copies of SF 2809 and SF 2810 together with any medical certificates. are attached to final SF 2806, when submitted after separation for retire-F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE G. AGENCY EMPLOYING OFFICE CERTIFICATION I certify that the information contained on this form accurately reflects official 1. Verify that life insurance and health benefits status as personnel records in the custody of this agency. shown on this form are consistent with payroll records. SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record. OFFICIAL TITLE DATE " 3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and re-3 - 4 - 75Personnel Officer agency name and address, including zip code, and telephone number, including area code $FBI \qquad 202\text{--}324\text{--}4981$ quired attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in 9th St. & Pa. Ave. N. W. Washington D. C. 20535

<u>Washinoton</u>

FPM Supplement 831-1, Subchapter S22.

RECERDED

Parceile Bischarge

MAY 15 12 48 FH 48 of the United States



TO ALL WHOM IT MAY CONCERN:

This is to Estify, That*NICHOLAS J. PUBSHIA
† 32081821, Technician Fourth Grade, Co. C. Officer Candidate Bn (Prox) The idjutant General's Jupocl
THE ARMY OF THE UNITED STATES, as a TESTIMONIAL OF HONEST
AND FAITHFUL SERVICE, is hereby HONORABLY DISCHARGED from the
military service of the UNITED STATES by reason of the Convenience of Covernment
to accept appointment as 2d Lt. and active duty in AUS
Said Nicholas J. Purchia was born
in <u>New York City</u> , in the State of <u>New York</u>
When enlisted he was 27_6/12 years of age and by occupation a Attorney
He had Brown eyes, Brown hair, Fair complexion, and
was5 feet6 3/4 inches in height.
Given under my hand at Fort Washington, Maryland this
1 Sold A. C. Rein
ROBERT C. RICE,
Lt. Colonel, AGD
"NOT RECORDED
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W. D., A. G. O. Form No. 55 April 30, 1911

APPLICATION FOR RETIREMENT CIVIL SERVICE RETIREMENT SYSTEM

(USE ONLY IF SEPARATED ON OR AFTER OCTOBER 20, 1969)

To Ayoid Delay-1.	Read Information Ca				te or Prir	nt in Ink
1 NAME (Last)		A. IDENTIFYING	AND DESCRIPTION OF THE PERSON			
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3. ADDRESS (Including ZIP	code)	73 09111	4. PHONE NUMBER (Including Area	Code) 5. DATE OF BIRTH (Month) (Day		6. SOCIAL SECURITY ACCOUNT NUMBER
91 BLAUV	ELT STRE	ET	(212) TEG	6650 8/28/	13	069 16 6407
TEAHECK	NEW JER	RSEY OTELL	7A. ARE YOU A CIT! UNITED STATES	ZEN OF THE OF AMERICA?		", OF WHAT COUNTRY ARE CITIZEN?
8A. ARE YOU MARRIED	YES NO	(10 -) -) - (10 -)		HE FOLLOWING INFORMATI	ИОН	-
WIFE'S OR HUSBAND'S NAME (First) (Middle)	HER (OR HIS) BIRTH DATE (Month) (Day) (Year,	HER (OR HIS) SOCIAL SE- CURITY ACCOUNT NUMBER	DATE OF MARRIAGE (Month) (Day)	(Year) PLACE OF MARRI, (City) (Sta FT. DEV	tej	MARRIAGE PERFORMED BY: CLERGYMAN OR JUSTICE OF THE PEACE
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CHILD'S (First) (Mia		DATE OF BIRTH (Mo.) (Day) (Yr.)	(First)	CHILD'S NAME (Middle)	(Last)	DATE OF BIRTH (Mo.) (Day) (Yr.)
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201EAST 690	istreet, newy	ORK, HY 10021		_	- :	COMMAN
5. DO YOU HAVE FEDERA	L 6. IF YOU HAVE REG	ULAR 7A. HAVE YOU BEEN	ENROLLED IN A PLAN	AGENT - FJ I UNDER 78. IF "YES" PL		OUR CURRENT:
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YES NO	YES X NO	YES	NO	<u> </u>		442
(A) ARMY, NAVY, MARINE AFTER JUNE 30, 1960; OR	BELCW IF YOU HAVE PERFO CORPS, AIR FORCE, OR CO. (C) AS A COMMISSIONED OF E SERVICES ADMINISTRATIO	AST GUARD OF THE UNITED FICER OF THE COAST AND GE	STATES; OR (B) REGU ODETIC SURVEY AFTE	LAR CORPS OR RESERVE C R JUNE 30, 1961; OR (D)	ORPS OF TH	HE PUBLIC HEALTH SERVICE ASSIONED OFFICER OF THE
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM <u>ACTIVE</u> DUTY	LAST GRADE OR RANK		ANIZATION AT DISCHARGE Div Regt., Co., etc.)
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ARMY	01 002 715	514/43	519146	CAPTAIN	1 31 17	ant Generals Den
9A. ARE YOU A MILITARY	9B. ARE YOU IN RECEI	PT OF OR HAVE YOU EVER	APPLIED FOR MILI-	9C. IF "YES" WERE YOU	RETIRED FR	OM A RESERVE COMPONENT
RESERVIST (Either Activ	sion or compensa	? (Retired pay does not in	iclude V.A. pen-	UNDER CHAPTER 67, Public Law 80-810		USC? (Formerly Title III,
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		D. OTHER CLAIR	NINFORMATIC	N		
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2A. HAVE YOU PREVIOUSL	Y FILED ANY APPLICATION CLUDING APPLICATION FOR RE	UNDER THE CIVIL SERVICE	2B. IF "YES" INDIC	ATE THE TYPE(S) OF APPLIC	INA NOITA	D GIVE THE CLAIM NUMBER(S)
OR REDEPOSIT, OR VOLU	INTARY CONTRIBUTIONS?		RETIREMEN	NT DEPOSIT OR RED	EPOSIT	CLAIM NUMBER(S)
	MINOSIN STATE		REFUND	VOLUNTARY CO		!
	ISURANCEL EHROUGH-A' FOR		ASSOCIATION FOR	WHICH YOU 35. IF		E YOUR ACCOUNT NUMBER
4A. HAVE YOU EVER BEEN	EMPLOYED - UNDER-ANOTHE		14			T SYSTEM
FEDERAL OR DISTRICT O	F COLUMBIA EMPLOYEES?	YES X NO				1,4/14/

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. HO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER

O If you are married, you will receive this type of annuity unless you choose the annuity in F. 2. SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY. The annuity payable to you during your lifetime will be reduced by 21% of any amount up to 33,600 a year used as If you want all your annuity used as the base for the survivor the base for the survivor benefit, plus 10% of any amount over \$3,600 so used. benefit, write the word "ail" in the box below. If you want only part of your annuity used as the base for the survivor o If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor. beautine the yearly amount of your annuity you want used. THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHAT-EVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR IS) BENEFIT. The survivor's annuity will not begin until your death. 日イア If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death. INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT (I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.) This type provides annuity payments to you only. G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced) 9 If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2. THITTALS ANNUITY WITHOUT SURVIVOR BENEFIT This type provides annuity payments to you only. O This type is available to all retiring unmarried employees who INITIALS ANNUITY WITH SURVIVOR BENEFIT TO NAMED are in good health. PERSON HAVING AN INSURABLE INTEREST 2. It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest. SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY The survivor's annuity will not begin until your death. NAME OF PERSON (First, middle, last) O The survivor's annuity will be 55% of the reduced annuity you receive. RELATIONSHIP DATE OF BIRTH (Mo., day, yr.) o If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil SOCIAL SECURITY ACCOUNT NUMBER Service Commission at no cost to you. If the person named as having an insurable interest should die before you, no change in type of annuity will be per-mitted, your annuity will not be increased, nor may you name SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUC-TION IN YOUR ANNUITY. any other person as survivor. H. CERTIFICATION OF APPLICANT I hereby certify that all statements made in this application are true to the best of my knowledge and belief. WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001). FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions. CHECK APPROPRIATE BOX: INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED. INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT SIGNATURE OF RESPONSIBLE AGENCY OFFICE THIS APPLICATION, IF NECESSARY (Type or print) Authorized Certifying Officer
DEPARTMENT OR AGENCY 5-16-75 C. D. Neudorfer TELEPHONE NUMBER, INCLUDING AREA CODE

OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.

202 EX 3-7100 EXT 2772

Federal Bureau of Investigation

May 20, 1975

TO WHOM IT MAY CONCERN:

This is to certify that Nicholas J. Purchia was appointed Special Agent of this Bureau on December 9, 1946. He served continuously in that capacity through April 25, 1975. During his service with this Bureau, he participated in the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336 (C) of Title 5, United States Code, and Public Law 93-350.

Very truly yours,

Authorized Certifying Officer

L WAY 21: 1975

12/10

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Standard Form 2806 February 1966 2806-104 INDIVIDUAL RETIREMENT RECORD

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENT 831-1

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		SPECIAL QUALIFICATIONS										

-- 12/m ADDITIONAL INFORMATION

#### IN SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of the form.

l						200 ceruity		er o ou other side of Au			
1. NAME OF	ADDLICANT		A. IDEN	TIFICATI	ON OF APP			10001117			
	APPLICANT (Last, I				2. DATE		nth, Day,Year)	NUMBER			
PUR	CHIA, NICH	OLAS JOHN					8-13	069,16,6407			
		B. INFORMATION									
(Month) (	COMPUTATION DATE Day) (Year)	l CIVIL SERVI	ICE RETIREN	AFNT CC	MTRIBLITI	ONS (Includi	CREDITABLE ( ng Federal se mbia employee	CIVILIAN SERVICE NOT COVERED BY rvice covered by social security or			
10-2	20-41		i emeni agaiei	mjor r e	aerai or 17	YES X					
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retirement.	IMPORTANT: SF 144. Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency and division.										
EFFECTIVE DATE	ACTION	BASE PAY		EDERAL GENCY			NT SYSTEM	REMARK. ³			
12-9-46	Appointed		I	FBI		CS	(Re	tirement ded ^{µctions} began)			
4-25-75	Ret. Lib.										
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		C. INFORMATION CON	CERNING CRED	ITARIE N	U VGATIII	PVICE //F almim					
1. IF APPLIC		EMENT CREDIT FOR				AVICE (IT EIGIT	ea by applical	nt)			
A COPY (	OF OFFICIAL MILITA TION FOR RETIREMEN	RY DISCHARGE CER	TIFICATE AT	TACHED	TO NO	OTE: A militar tirement is acc d character of d	eptable only if i	tificate submitted with application for it shows specific dates of active service			
FOR VE	TERANS PREFERENCE		OSES COMO	SUNNEL	FOLDER (A	By prior comp	arison with off	TE, BUT EXACT DATES OF ACTIVE, icial military discharge certificate) JBMISSION OF APPLICATION FOR IE BELOW.			
IMPORTANT: SI not acceptab	7 144. Statement of Price le for retirement purpo	or Federal Civilian or M ses.	ilitary Service	, or comp	arable docu	ment containing	g applicant's unv	verified allegation of military service, is			
FROM	то	BRANG	СН	CHARA	CTER OF	DISCHARGE		TIME LOST, IF ANY			
3-21-43	5-9-46	U. S. Arı	ny	Но	norab.	le	None	•			
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	MAY 21 197	MILITARY RETIRED PA			Suppu	ement 831-1, K	ANT WAIVED I FOR CIVIL S etirement, Sub	MILITARY RETIRED PAY TO CREDIT SERVICE RETIREMENT? (See FPM behapter S3-5f.)			
Yes⊸	,Attach,atcopysof:appli	cant's military retired p	ay order, <u>if av</u>	ailable.	∐ Ye	es. Attach copy waiver, <u>if a</u>	of military finar vailable.	nce center letter to employe excepting			

X No.

9th St. & Pa. Ave. N. W.

Washington, D.C. 20415, within time limits prescribed in

FPM Supplement 831-1, Subchapter S22.

STANDARD FORM 56 FEBRUARY 1968	AGENCY CI	ertification of INS	URANCE STATUS
U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 55-108	Federal Empl	oyees Group Life Ins	
1. NAME (Lost) (	First) (Middle)	2(a). DATE OF BIRTH (Month, Day, Year)	2(b). SOCIAL SECURITY NUMBER
PUNCHIA, NI	CHOLAS J.	8-23-13	069 16   6407
3. CHECK THE REASON FOR TERMINAT	ING INSURANCE		
(o). SEPARATED	(c). DIED	12 MONTHS	OTHER (Specify)
(b). X RETIRED	DEATH APPLIED FOR CIVIL SERVICE ANNUITY?	NON-PAY STATUS	
4. CHECK APPROPRIATE BOX CONCERNIN	G SF 54, DESIGNATION OF BENEFICIARY		
(o). CURRENT S F 54 ATTACHED	(b). A CURRENT SF NOT ON FILE WIT AGENCY	H THIS (c). THE	URRENT SF 54 IS ON FILE IN EMPLOYEE'S OFFICIAL PERSONNEL PER (OR EQUIVALENT)
HIS LIFE INSURANCE, ATTACH IF NO CURRENT SF 54 IS CM BOX 4 (b) OR 'c'. A CURRENT S ATION OF INSURANCE.	IS RETIRING OR RECEIVING FEDERAL I CURRENT SF 54, IF ANY, TO ORIGINA FILE, CHECK BOX 4 (b). IN ALL OTHER SF 54 IS ONE THAT HAS NOT BEEN CA	N SF 56 AND CHECK BOX 4 (a) ON CASES, SHOW WHETHER OR NOT CURNCELED BY EMPLOYEE OR AUTOMATICATION	ORIGINAL AND ALL COPIES OF SF 56; RENT SF 54 IS ON FILE BY CHECKING- ALLY BY TRANSFER OR PRIOR TERMIN-
5. DATE OF EVENT C-ECKED IN 6 ANN. ITEM 3 (MONTH, DAY, YEAR) CF. CON. GETC.	AL BASIC PAY RATE (NOT AMOUNT TINSCRANCE) ON DATE IN ITEM 5. ERT CALLY, HOUPLY, PIECEWORK, RAJE TO TAMBLE 25 FER ANNUM	. DID EMPLOYEE HAVE OPTIONAL INSUR- ON DATE IN ITEM 5? NO THE YES, IF YES, GIVE RECEIPT DATE OF ELECTION OPTIONAL INSURANCE (SF 176 or 176-1	OF PLOYEE (MONTH, DAY, YEAR)
	AATION HAS BEEN OBTAINED FROM, EMPLOYEES GROUP LIFE INSURANCE		RECORDS AND THAT THE EMPLOYEE
D.12-9 1	2 March	4-25-75	
(Personal signature of a	uthorized agency official)		(Date)
Delbert C.		Supervisory Sp	
Rederal Bureau C	nzed ogency official) of Investigation	Washington, D	(Title) . C. 20533
(home of	i agency)	(Marling address	, including ZIP Code of ágency)
		ATION FOR EMPLOYEE	
You do not convert to an indiversal you retire with 12 or more yet of Your retire on an immediate Your optional life insurance, if you to you do not convert it; and You continue your requirer in You have had optional insurer.	life insurance (not accidental death and vidual policy of life insurance; and cars' creditable service of which at least annuity, wave any (not accidental death and dism	5 years are civilian service, or on ac temberment), may also be continued, tole to you; and	count of disability; and
	ost until you reach age 65 (the cost will		ty check).

Your life insurance as a retired employee will be reduced by 2% each month beginning at age 65 or at retirement, whichever is later. The maximum reduction is 75%.

You may, if you prefer, convert your insurance to an individual life insurance policy in an amount not to exceed your combined regular and optional insurance. Or you may continue your regular insurance free after retirement, if eligible as described above, and convert only your optional insurance. Your employing office will instruct you on the procedure to follow if you want to convert only your optional insurance.

If you are eligible to continue your life insurance as a retired employee, your employing agency has been instructed to attach the ORIGINAL of this form to your application for retirement unless you prefer to convert your regular insurance to an individual policy.

If you receive the CRIGINAL copy of this Certification after you file your application for retirement, and you do not want to convert your regular insurance to an inaccioual patray, forward the ORIGINAL as soon as possible to the agency or office which administers your retirement system.

Keep the DUPLICATE copy for yourself. You will be notified by the Civil Service Commission of your insurance rights.

#### DEATH WITHIN 31 DAYS

Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though the remployee had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the gaency formed in item 9 above.

SEE OTHER SIDE

SEE OTHER SIDE

FOR ADDITIONAL IMPORTANT INFORMATION AND INSTRUCTION'S ABOUT CONVERSION TO AN INDIVIDUAL POLICY

FOR ADDITIONAL IMPORTANT INFORMATION AND INSTRUCTION'S ABOUT CONVERSION TO AN INDIVIDUAL POLICY

FOR ADDITIONAL IMPORTANT INFORMATION AND INSTRUCTION'S FEDERAL EMPLOYEES' COMPENSATION

May Data Proc.

Purchia,

Nicholas

J.

8-28-13

3205918

91 Blauvelt Street Teaneck, New Jersey 07666

15-02-0001

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069 16 6407

4-25-75

Bureau of Retirement, Insurance, and Occupational Health Civil Service Commission Washington, D. C. 20415

Employee annuitant

FEDERAL BUREAU OF THE STIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C. 20535

4-25-75

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STANDARD FORM 56		*		·	× , .
FEBRUARY 1968		AGENCY CERTIFI	CATION CATION	nsurance stat	US
U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 56-108	Fed	leral Employee	es Group Life I	nsurance Prog	ram
I. NAME (Last)			DATE OF BIRTH (Month, Day, Ye	<del></del>	
PURCHIA, N	TCHOLAS .T.		8-28-13	069   16	6407
3. CHECK THE REASON FOR TERMIN			0 20 20	000   20	0-0
(a). SEPARATED	(c).	DIED			OTHER (Specify)
(b). RETIRED	HAD EMPLOYE	E AT TIME OF ED FOR CIVIL	(d). MONTH NON-P.	AY (e).	
4. CHECK APPROPRIATE BOX CONCERT	NING SF 54, DESIGNATION	OF BENEFICIARY			
(a). CURRENT S F 54 ATTACHED	(b). 🗷 N	CURRENT SF 54 IS NOT ON FILE WITH THIS	(c).   T	CURRENT SF 54 II HE EMPLOYEE'S OFFICI OLDER (OR EQUIVALEN	AL PERSONNEL
NOTE: IF EMPLOYEE (A) DIED OR ( HIS LIFE INSURANCE, ATTAC IF NO CURRENT SF 54 IS O BOX 4 (b) OR (c). A CURREN ATION OF INSURANCE.	H CURRENT SF 54, IF N FILE, CHECK BOX 4 (1	ANY, TO ORIGINAL SF 50 b). IN ALL OTHER CASES.	6 AND CHECK BOX 4 (a) SHOW WHETHER OR NOT	ON ORIGINAL AND ALL C	OPIES OF SF 56;
5. DATE OF EVENT CHECKED IN 6. A. ITEM 3 (MONTH, DAY, YEAR) CO.	NNUAL BASIC PAY RATE F INSURANCE) ON DATE DIVERT DAILY, HOURLY, IC. RATE TO ANNUAL SA PER	(NOT AMOUNT 7. DID EI IN ITEM 5. PIECEWORK, IF YES EE. OPTION	MPLOYEE HAVE OPTIONAL IN: ATE IN ITEM 5? NO . GIVE RECEIPT DATE OF ELEC NAL INSURANCE (SF 176 or 1	TION OF   PLUYER (MI	OTICE OF CONVER- EGE (SF 55) TO EM- NTH, DAY, YEAR)
9. I CERTIFY THAT THE ABOVE INFO NAMED WAS COVERED BY FEDER	RMATION HAS BEEN O	BTAINED FROM, AND CO LIFE INSURANCE ON TH	ORRECTLY REFLECTS, OFFICE THE DATE SHOWN IN ITEM	CIAL RECORDS AND THA	THE EMPLOYEE
			4-25-75	5	
(Personal signature o	t authorized agency atticion			(Date)	
		<b></b> \$	upervisory S		t
	morizea agency official)		Washington,	(Title)	· ¤
Federal Bureau	of Investig	TOTION		D. C. 2053	143

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SEE OTHER SIDE

FOR

INSTRUCTIONS TO EMPLOYING AGENCY

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C. PARTS - FILE COPY - CO

#### INSTRUCTIONS TO EMPLOYING AGENCY

#### COMPLETION OF CERTIFICATION

- 1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
  - a. Death.
  - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
  - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
  - d. Any other reason, if the employee desires to convert his life insurance, except under the following cirsumstances:
    - (1) Employee waived or declined on SF 176 (or SF 176-T);
    - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
    - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
- 2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
- 3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
- 4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

#### **DISPOSITION OF CERTIFICATION**

- 1. Death of employee
  - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
  - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
  - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
  - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
- 2. Retirement of employee
  - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee, [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).
  - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.

#### **Illustrative Statement**

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address-print or type)

(Date)

- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
- 3. If employee is receiving compensation benefits
  - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
  - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
  - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
- 4. All other cases-

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.

5. In all cases—

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUI

The time in which an experience was convert his group life insurance in individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

## NOTIFICATION OF PERSONNEL ACTION FEDERAL BUREAU OF INVESTIGATION

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25. DUTY STATION (City-county-State)	•		26. LOCATION CODE
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4. PERSONNEL FOLDER COPY

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Blick

FD-208 (Rev. 2-20-57)
standard form No. 64

# Office Memorandum • United States Government

то :	Director, FBI		DATE:	6/2/59
FROM : SUBJECT:	SAC, NEW YORK  NICHOLAS J. PURCHI  (Employee)  NEW YORK  (Division)	A, SA	ord job tol	<b>.</b>
ILLNESSES		•		-
Accide		on, and current condition Operation e ceased active duty	(Date of surgery and pomust be indicated under	ostoperative condition r Remarks) of return to duty
Confined at	: Hospital Residence	ce		
Address:				
Remarks:			· · · · · · · · · · · · · · · · · · ·	
DEATHS	RI	ecorded - 142	67- 4/3 Searched	-797 88 ivumbered _ <b>26</b> UN 8 1959
Father	WILLIAM PURCHIA	Brother Siste		rughter her
Date and p	(Name of deceased) ace of death /59 North Jer	sey Training (	School, Totowa	(Relationship)  , New Jersey
•	ReNYlet, 8/12/54, whi at the time of birth constantly since bir letter to SA PURCHIA	ich gave the c which has cau th. Reference	child's physicused him to be	al condition institutionaliz
WPD:rma (2)	dis, pers. met 6/4/59		•	3): b

	FIRST NAME-MIDDLE NAME		1	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
URCHIA,	NICHOLAS JOHN	<u> </u>			
	SS (Number, street or RFD,			5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
1 BLAUV	ELT ST.: TRAN	ECK, N	I.J.	ANNUAL	25 NOV 1959
SEX	8. RACE	9. TOTAL	YEARS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZATION 1	UNIT
ALE	CAUCASIAN	MILITARY	5 CIVILIAN 12	DEPT JUSTICE	FBI
DATE OF BIRT	TH 13. PLACE OF BIR	тн		14. NAME, RELATIONSHIP, AND ADDRESS OF	NEXT OF KIN
/28/13	NYC	USA			
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R- (Check L umn;	each item in appropria enter "NE" if not evalu	te col-	BNOR- MAL COMMENT	Continue in item /3 and use additional s	neers it necessary.)
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20. SINUS	ES · _f	~ g = *		anus, 2º bilateral, asymp	
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22. EARS-	-GENERAL (Int. & ext. canals) acuity under items	(Auditory 70 and 71)			
	S (Perforation)				ø
24. EYES-	GENERAL (Visual acuity and under items 59, 60	refraction			
		and G7)			
25. OPHT	HALMOSCOPIC .	and G7)			
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LABORATORY FINDINGS 1,017 45. URINALYSIS: A. SPECIFIC GRAVITY 46. CHEST X-RAY (Place, date, film number and result) NEGATIVE B. ALBUMIN D. MICROSCOPIC NEGATIVE

48. EKG
NORMAL
NORMAL
RECORD

NOT REQUIRED 25 NOV 1959 NEGATIVE C. SUGAR NEGATIVE 47. SEROLOGY (Specify test used and result)
CARDIOLIPIN NEGATIVE 50. OTHER TESTS ð3*ø NONE.

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<b>7</b> 0.	HEA	RING			71.			AUD	IOMET	rer				72. PS	YCHOLO	ogical A	ND PSYC	томон	OR	
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82. TYPED	OR PRINTED	NAME OF REV	IEWING O	FFICER	OR APPRO	VING AU	THORITY			SIG	NATURE		-				C	NUMB	ER OF	AT.
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FD-300 (Rev. 5-21-58)

#### ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION

#### FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Мап	ne of Examinee:	TURCHIA	MICHOLAS	JOHN
$(Ty_{I}$	e or print)	Last	First	Middle
	The following po	rtions of the attached exc	amination report form need	not be completed:
		2	62	
		3	65	
		11	67	
		14	68	
		17	69	
	ı	46	71	
		48	72	
		49		
46.	Is necessary unl	ess facilities for affordin	g same are not readily ava	ilable.
		•		
48.	Not required unlist desirable.	ess examinee is over 35 y	years of age or examination	indicates such
49.	Is necessary unl	ess facilities for affordin	ng same are not readily ava	ilable.
71.	Audiometer exam	ninations should be afford	ed whenever possible.	•
		ES, WHETHER CLERICA	L OR SPECIAL AGENT A	PPLICANTS
OR	EMPLOYEES:			
	The medical exami	ney should answer the following	g question:	
	Examinee :	is is not qualified	for strenous physical exer	tion.
TO	BE ANSWERED	IN THE CASE OF ALL M	ALE EMPLOYEES AND M	ALE APPLICANTS:
1.	tacties and dang	erous assignments which	ng or prohibiting his partic might entail the practical ecify defects.	use of firearms?
		F F		-
2.		nave any defects prohibit: Yes. If "yes" please spe	ing safe operation of motor	vehicles?
		y p		

67- DSURE

MAT

#### **Weights for Males**

	Height	SMALL FI	RAME	MEDIUM F	RAME	LARGE FI	RAME
Fee	t-Inches	Desirable	Maximum	Desirable	Maximum	Desirable	Maximum
5	4	121-131	143	129-139	152	136-148	162
5	5	124-134	146	132-142	155	140-152	166
5	6	128-138	151	136-146	160	144-157	172
5	7	131-142	155	140-151	165	148-161	176
5	8	135-146	160	144-155	170	152-165	181
5	9	139-150	164	148-159	174	156-170	186
5	10	143-154	168	152-163	178	160-175	192
5	11	147-159	174	156-168	184	164-180	197
6	0	152-164	179	161-173	189	169-185	203
6	1	158-170	186	166-179	196	174-191	209
6	2	163-175	192	171-184	201	179-197	216
6	3	168-180	197	176-189	207	184-202	221
6	4	174-186	204	182-195	214	190-208	228
6	5	180-191	209	188-201	220	196-214	234

3.	Examinee's frame is small medium large
4.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient .
5.	Under proper medical supervision, examinee should lose pounds
	gainpounds
Re	marks:

(Signature of Medical Examiner)

25 NOV 55
(Date)



### UNITED STATES DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

b6 b70

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. TURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name	Relationship WIFE	Date 10/16/3-9
Address 91BLAUVELT STREE	T. TEANECK, N.	J.
The following person is designated as my be beneficiary of agents killed in the line of duty.	· ·	
Name	Relationship WIFE	Date 10/16/59
91 BLAUVELT STRE	ET, TEANECH, N.	J.
DEC 2 1959	Very truly yours,  M. cholas  Special Agent	J. Burchea

		11/16/59
SAC,	NEW	YORK
ا ا	• • • •	
	RE:	NICHOLAS J. UPURCHIA
		SPECIAL AGENT In-Service Course 11/2/59 to 11/13/59
35. 35.		in belvice course
		Type of School: X Security Criminal General
Dear Si	ir:	
		The above-mentioned Special Agent attended the above In-Service Train
*Course	at the	Seat of Government and attained the following grades:
		Notebook
	11	Examination 95
		Examination Double Action Course Practical Pistol Course 88
	* ## * ***	Shotgun (Skeet) 10/25
ا میں انجاز کی انجاز ک		4.30 Rifle (2.4) (1.5 × 1.6 × 4. • 76, 0.4 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 ×
		Machine Gun
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
trainin	g recor	The firearms grades should be entered on the individual field lirearms.
		This employee should be credited with 23 hours and 3 minu
of over	time ec	arned on calendar days during the above period inNavember
		Very truly yours,
		1 De la
A Mark of Palay	ہی ۔ عمرہ نے	John Edgar Hoover
		The Director of the state of th
1 - SA	1-1-1-2	NICHOLAS J. PURCHIA
		NEW YORK
1. 4.		
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The state of the s	S:chb	OF TANKERS
XT	(3)	1959
/ Ma	ail Roo	m 1509
	F	MI :

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MI, I	i.s. De	pt. of Ju	stace							,	,
5. Employee's	name (and soc	ial security account n	umber when appropria	te)	<u> </u>			6. Grade and	salary		
10510	M. N	icidlas j	PINCHIA		Š	A		GS 13	\$10,37	0	Ì
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7. Previous normal						3.					
8. New normal											
9. Pay this period											
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Periodic st	ep-increase	Pay adjustment	Other step-increas	}			·····				/
14. Effective date	15. Date las equivale increase	ent rate	rate(		. Performance r	ating is satis	1.	etter.	Masur entication)	r Charles	
during foll Period(s):	owing periods);	opriate spaces covering	g LWOP,					heck applicable In pay stat	box in case of us at end of w	f waiting period.	dlinitials of Cl
STANDARD	FORM NO. 1126 d by Comp. Gen.	d—Revised ., U. S.			ų		, PAYROLL	CHANGE SI	.IP — PERSON		3/







#### PAST SAFE DRIVING RECORD CERTIFICATION

NAME (	F OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)			· D	ATE
nivis	URCH TA, NICHOLAS J.	1 2			5/29/59
- 11 .	-1	i	PECIAL AGEN T	٠	· •
THIS	S TO CERTIFY THAT I PRESENTLY & HOLD DO NOT H	IOLD A VAL	.ID MOTOR VEHICLE OPERATOR'S	PERMI	T OR
(STAT	ISSUED BY: , TERRITORY	PER	MIT NUMBER	'PERMI	T EXPIRES
Poss	SSION, DISTRICT) NEW JERSEY		2 589747	DEC	. 1961
THIS	S AN <u>UNRESTRICTED (REXTRICTED)</u> PERMIT. (IF RESTRICTED (STRIKE OUT ONE)	, EXPLAIN	BELOW)		-
INVOL	URTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAD UNNED APPROXIMATELY 35,000 MILES. DURING THIS CONTROL OF LANGUAGE AND	I HELD AT	FAULT* AS THE DRIVER OF A MC	TOR VE	HICLE
		. ,	,		
		-	•		•
-		1		7	· ·
	FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANYLIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.	M	signature of operator	us C	hia
II NAME	SE DEVIEWING OFFICIAL COLUMN CO.				
	OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE )  TX, WILLIAM P	(NITIAL)	POSITION TITLE SUPERVISOR		DATE 7/1/CO
THE	RSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND ION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE	REFLECTS	THE FOLLOWING INFORMATION	CONCER	I/ 1/ 29
	CONTINUOUS SAFE DRIVING RECORD				
	INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT	**		t	
I CER	IFY THAT THIS EMPLOYEE IS:		*		
	QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECOU OFFICIAL BUSINESS.	RD TO OPER	RATE MOTOR VEHICLES ON		
	NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFIC A ROAD TEST EXAMINATION BEFORE OPERATING A MOTO	CATIONS BY R VEHICLE	SATISFACTORILY PASSING ON OFFICIAL BUSINESS.	•	
REMAR	ss:		,		
	67-NOT TETTO 192 ED	•		y	<b>, 1, a</b>
TA	FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS EN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST - EMPLOYEE.	u	Lean /.	CIALI	· <u>/</u>

June 4, 1959

Mr. Nicholas J. Purchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

I have learned of the sorrow which has come to Mrs. Purchia and you in the passing of your son, William, and want to extend my heartfelt sympathy in your bereavement. You need only to let me know if I can be of any assistance.

Sincerely,

Hoover Ragar Hoover

1 - SAC, New York (Personal Attention)

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Tolson Belmont _

MAIL ROOM TELETYPE UNIT

DeLoach __ McGuire Mohr : Parsons Rosen Tamm Trotter W.C. Sullivan

Tele Room Holloman

Gandy



## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

b6 b7C

Name of Employee:	NICHOLAS J. PURCH	TA #10510	
Where Assigned:	NEW YORK	INTERNAL SECURITY	•
TT NOTO TRONGING	(Division)	(Section, Unit)	,
Official Position Title:	SPECIAL AGENT, GS	-13	
Rating Period: from —	4/1/59	to	
ADJECTIVE RATING:	<b>EXCELLE</b> Outstanding, Excellen	NT t, Satisfactory, Unsatisfactory	Employee's Initials
Rated by: Warren MARCHESSAUL	N Signature	Title	3/31/60 Date
Reviewed by:	Mit offer	SPECIAL AGENT IN CHARGE	3/31/60
H. G. FOSTER	Signature (1/10)	Title	Ďate
Dating Assurance I have	Pallaha	Assistant Director	APR 6 196Q
Rating Approved by	Signature	Title	Date
a Q	TYPE OF F  (x) Official  (x) Annual	( ) Administrative ( ) 90-Day	The state of the s



#### NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

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REPORT OF STREET

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DEDILA MAN

(For use as attachment to Performance Rating Form No. FD-185)

Name of E	Employee NICHOLAS J. PURCHIA	Title SPECIAL AGENT, GS-13
		Rating Period: from 4/1/59 to 3/31/60
<del></del>	RATING GUIDE A	ND CHECK-LIST
	nly those items having pertinent bearing on employee's performand ate items as follows:	se should be rated. All employees in same salary grade should be compared.
<u></u> E	utstanding (exceeding excellent and deserving of special commendation xcellent.  atisfactory (good or very good).	on).
— <del></del> U	o opportunity to appraise performance during rating period.	•
Guide for	determining adjective rating:	,
<ol> <li>"Outsta</li> </ol>	anding" adjective rating requires (A) that all rated elements be "+" and	f (B) that each and every rated element be factually justified by narrative detail on
2. "Excell mechal guide a adjection A. Ar	of rorm rD-125. ent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend up nical formulas; however, for an employee to be rated "Excellent" he mu	on the composite result of evaluating all rated elements rather than following any ist not be rated unsatisfactory on any performance evaluation factors on the rating majority of such rating factors. Good judgment must be exercised to insure that ents.
F	) Personal appearance.	(17) Financia skilin
	Personality and effectiveness of his personal contacts.	(17) Firearms ability. (18) Development of informants and sources of information.
	3) Attitude (including dependability, cooperativeness, loyalty,	(19) Reporting ability:
	enthusiasm, amenability and willingness to equitably share	(a) Investigative reports
	work load).	(b) Summary reports
<del>2</del> (4	Physical fitness (including health, energy, stamina).	(c) Memos, letters, wires
	i) Resourcefulness and ingenuity.	(Consider:conciseness;clarity;organization;
	5) Forcefulness and aggressiveness as required.	thoroughness;accuracy;adequacy and perti-
(/	<ol> <li>Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.</li> </ol>	nency of leads;administrative detail.)
<u> </u>	3) Initiative and the taking of appropriate action on own	(20) Performance as a witness.
	responsibility.	(21) Executive ability:
<del></del>	Planning ability and its application to the work.	(a) Leadership
	)) Accuracy and attention to pertinent detail.	(b) Ability to handle personnel (c) Planning
	Industry, including energetic, consistent application to duties.	(d) Making decisions
	2) Productivity, including amount of acceptable work produced	(e) Assignment of work
<del></del>	and rate of progress on or completion of assignments. Also	(f) Training subordinates
	consider adherence to deadlines unless failure to meet is	(g) Devising procedures
	attributable to causes beyond employee's control.	(i) Promoting high morale
_ <b></b> (13	B) Knowledge of duties, instructions, rules and regulations, in-	(j) Getting results
	cluding readiness of comprehension and "know how" of	(22) Ability on raids and dangerous assignments:
1	application.	(a) As leader
	4) Technical or mechanical skills.	(b) As participant
(1	5) Investigative ability and results:	(23) Organizational interest, such as making of suggestions for
	(a) Internal security cases	improvement.
_	(b) Criminal or general investigative cases (c) Fugitive cases	(24) Ability to work under pressure.
	(d) Applicant cases	(25) Miscellaneous. Specify and rate:
	(e) Accounting cases	Dictation ability
	6) Physical surveillance ability.	
	•	
	ity general nature of assignment during most of rating period (such a Security	as security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
B. Speci	fy employee's most noteworthy special talents (such as investigator, de	esk man, research, instructor, speaker):
	Investigato	r
C. (1) Is	s employee available for general assignment wherever needs of services employee available for special assignment wherever needs of service	e require? Yes (If answer is not "yes," explain in narrative comments.) require? Yes (If answer is not "yes," explain in narrative comments.)
D. 1. Ha		NO 2. Has employee used more sick leave during rating period than earned
	ployee qualified to operate a motor vehicle incidental to his official du If answer is "yes," personnel file must reflect the following: (a) Ha physically fit to drive. (c) Past safe driving record OK or has passed I	is valid State or local operator's license for type venicle he is to use. (b) is
		J 47
A 17. 17	ECTIVE RATING: EXCELLENT	EMPLOYEE'S INITIALS
ADJI	Outstanding, Excellent, Satisfactory, Uns	satisfactory

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13 ANNUAL PERFORMANCE RATING, MARCH 31, 1960

#### PART I GENERAL COMMENTS

SA PURCHIA is of average height with a muscular build. He dresses very neatly and has a likable personality. He is very well liked by his fellow employees.

During the rating period, he has been assigned cases involving the investigation of Communist front matters. He has handled these investigations in a most efficient manner. This agent is a hard working agent and a very thorough investigator.

This agent is capable of handling the most complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

RATING: EXCELLENT

1AP

PART	II SPECIFIC COMMENTS	. *
(1)	Justification for Any Minus Ratings Given	NA 3
(2)	Experience and Ability as an Inspector's Aide	NA
(3)	Participation in Informant Program - He has not developed any informants during rating period. He has, nevertheless, been alerted to this matter.	•
(4)	Testifying Experience and Ability - None during rating period	
<b>(</b> 5)	Disciplinary Action	NA
<b>(</b> 6)	Accounting Information	NA
<b>(7)</b>	Police Instruction	NA
(8)	Sound Training	NA .
(9)	Resident Agents	NA.
(10)	Foreign Language Ability	None
(11)	Administrative Advancement A-Is Agent interested in Administrative Advancement?	No

19, 18 00 O 9 118"



#### UNITED STATES DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Date

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA YICHOLAS J. PURCHIA (Type or print plainly)

Dear Sir:

Name |

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

		WIFE	3/1/60	
Address 91BLAUV	ELT ST. TEANS	CK, M.J.		
The following per beneficiary of agents killed i		ry under the Chas. S. Ross Fund prov	viding \$1500 death benefit to	•
Name		Relationship WIFE	Date 3/,/60-	b6 b7C
Address 91 BLAU	VELT ST. TER	NECK, IY.J.		
3-17-60	3/184	Very truly yours,  Very truly yours,  Special Agent	J. Surchia	

Relationship

Standa	d.	For	m 88
4 Reb	Turn	n 19	56)

REPORT OF MEDICAL EXAMINATION

<b>*</b> *	<b>&gt;</b>	` •	•		brr	~
1	st name—first name—middle name JRCHIA NICHOLAS J		1.202	2. GRADE AND COMPO		3. IDENTIFICATION NO.
4. но	ME ADDRESS (Number, street or RFD, ci	ty or town, zone a	nd State)	5. PURPOSE OF EXAM	AINATION	6. DATE OF EXAMINATION
9:	l Blauvelt St Tean	eck NJ		ANNUAL	•	22 June 60
7. SE M	X 8. RACE W	9. TOTAL YEARS MILITARY 5	GOVERNMENT SERVICE	10. AGENCY FBI	11. ORGANIZATION U	TINIT
2. DA	TE_OF BIRTH 13. PLACE OF BIRTH	<del></del>		14. NAME, RELATION	ISHIP. AND ADDRESS OF	NEXT OF KIN
28 4	Aug 1913 USA					
	AMINING FACILITY OR EXAMINER, AND ADI	USAL	NYC	16. OTHER INFORMA	TION	
	-1224) 90 Church St	NY 7 NY	<del></del>	TWF IN TUIC CAPACIT	nt (Total)	AACT OUR HONDING
	·			TIME IN THIS CAPACIT	(1 out)	LAST SIX MONTHS
	OLINIOAL FURL HATION	w 13	110 mmg / h 11			
NOR-	CLINICAL EVALUATION	o col-   ABNOR-	NOTES. (Describe ever comment. C	ry abnormality in de Continue in item 73	etail. Enter pertine and use additional	nt item number before each sheets if necessary.)
MAL	(Check each item in appropriate umn; enter "NE" if not evaluate	ted.) MAL				•
<u>X</u>	18. HEAD, FACE, NECK, AND SCALP					
_X_	19. NOSE					•
X	20. SINUSES					
X	21, MOUTH AND THROAT			n .		
X	22. EARS—GENERAL (Int. & ext. canals) (Au	ditory nd 71)	A # 10 M A # A # A # A # A # A # A # A # A # A	A CONTRACTOR OF THE PARTY OF TH		• •
X	23. DRUMS (Perforation)	1	*			
X	24. EYES-GENERAL Wisual acuity and refre	ection				*
-X	25. OPHTHALMOSCOPIC					
X	26. PUPILS (Equality and reaction)					•
X	27. OCULAR MOTILITY (Associated parallel r	nove-	`			
X	28. LUNGS AND CHEST (Include breasts)					
X	29. HEART (Thrust, size, rhythm, sounds	)				
X	30. VASCULAR SYSTEM (Varicosities, etc.					
	31. ABDOMEN AND VISCERA (Include her		#31. No palþab	le masses; n	o tenderness	elicited.
	32. ANUS AND RECTUM (Prostate, if indicate			-		asymptomatic.
X	33. ENDOCRINE SYSTEM	ed) A.				examination.
X	34. G-U SYSTEM	/		hemorrhoids,		
	35. UPPER EXTREMITIES (Strength, range of		w rxreinar	memorrhoras,	asymptomat.	rç.
X	<del></del>		110C D- 1	0		
	JO. FEEI		#36. Pes planu		comatic.	
X	37. LOWER EXTREMITIES (Strength, range of	f motion)	.5	. 11 22		
X	38. SPINE, OTHER MUSCULOSKELETAL		-1R	67-	413 797	- 91
X	39. IDENTIFYING BODY MARKS, SCARS. TA	TOOS	ZENCLOSURI			and the same of th
X	40. SKIN LYMPHATICS		RIVOLO	Search Search		bered
X	41. NEUROLOGIC (Equilibrium tests under to	em 72)		7	9 JUL 21	1960
X	42. PSYCHIATRIC (Specify any personality de	viation)				· 1000
	43. PELVIC (Females only) (Check how of	lone)		<b>P</b>	est.	
	□ VAGINAL □	RECTAL	•	(Contin	nue in item (3)	,
	ENTAL (Place appropriate symbols above or	below number of	upper and lower teeth, respectiv	vely.)	REMARKS A	ND ADDITIONAL DENTAL
	Restorable teeth	X-Missing		(6 X 8)—Fixed bridge, bri	uckers to	D DISEASES
/ <del></del> .	Nonrestorable teeth	XXX-Replace	и оу аетиитев	include abutn	nents OCCL	USION NORMAL
	X ₁ ( ₂	7 8	9 10 11 12	X 1X 15X	16 F	
G - H T	32 (31 30 29) 28 27	26 25	24 23 22 21 (		17 F CLAS	S 1
			1 ADODATORY FIN	nings		-/ *
(F .:	1 017		LABORATORY, FIN		Place data £2	
	RINALYSIS: A. SPECIFIC GRAVITY 1.017		. If t	- 46. CHEST X-RAY (P	Place, date, film number	ina resuu)
3. ALB	. 1105	D. MICROSCOPIC	c)	37 00	D Trans - 60	
SUG	ROLOGY (Specify test used and result)	Ne Ne			2 June 60	
		Normal	49. BLOOD TYPE AND RH	50. OTHER TESTS		ò
Ca	rdiolipin Neg ;	, , , , , , , , , , , , , , , , , , , ,	Not required	l None		٧
	·	Record				•

_	MEASUREMEN	TS AND OTHER FINDINGS							
	Brown 54. color ey		MEDIUM X HEAVY	obese 98.6					
57. BLOOD PRESSURE (Arm at heart level) PULSE (Arm at heart level)									
A. SYS. 130 B. RECUM-DIAS. 80 BENT DIAS.	C. SYS. A S STANDING (3 min.) DIAS.	ANDING -							
59. DISTANT VISION 60. JUL 27 4 RETRACTON 361. NEAR VISION									
RIGHT 20/ 20 CORR. TO 20/	BY S.	ox	J1 CORR. TO	ву					
LEFT 20/ 20 CORR. TO 20/	BY S.	ox	J1 CORR. TO	ВУ					
62. HETEROPHORIA (Specify distance)			,	•					
ESO EXO R. H	L. H.	PRISM DIV. PRIS	em conv.	_PC _ PD					
63. ACCOMMODATION	64. COLOR VISION (Test used	and result) 65.	DEPTH PERCEPTION (Test used and score)	UNCORRECTED					
RIGHT LEFT	ISHIHARA NEG		<b>v</b> x	CORRECTED					
66. FIELD OF VISION	67. NIGHT VISION (Test used	and score) 68.	RED LENS TEST	69. INTRAOCULAR TENSION					
70. HEARING	71.	AUDIOMETER	72. PSYCHOLOGI	ICAL AND PSYCHOMOTOR and score)					
RIGHT WV 15 /15 SV 15 /15	250 500 1000 256 512 1024		0 8000	and score)					
LEFT WV 15 /15 SV 15 /15	RIGHT LEFT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>	E. S. C. S. SERBERT SEC. S. C. SSERBERT SEC.					
73. NOTES (Continued) AND SIGNIFICANT OR INTER	VAL HISTORY	y		*					
1. Serum jaundi	ce in 1942 - no s	sequelae.	· •						
2. Diverticulit	is 1956 - is on a	diet.	5	^•					
3. Myopia - cor	rected with glass	ses.··		3 1 1 EVY 1 4					
	• •	a series of	· · · · · · · · · · · · · · · · · · ·						
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				*					
		,		- -					
(Use additional sheets if necessary)									
74. SUMMARY OF DEFECTS AND DIAGNOSES (List d		once oncess is necessary)							

Complains of symptoms of diverticulitis with onset in 1956. However, it is kept under control by diet.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76.	76. A. PHYSICAL PROFILE							
*	P	υ	L	н	E	s			
<b>~</b>									
77. EXAMINEE (Check)			,						
A. LAS QUALIFIED FOR DUTY			B. PHYSICAL CATEGORY						
B. I IS NOT QUALIFIED FOR									
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	А		В	С		E			
2 1 7 7									
79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE								
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE								
The many of the second	£4×4 .			-	<u>_</u>				
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE		1						
A FALUSSY MD		Jak	200						
82- TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE		0 /	-		ER OF A			
ge g					IACHE	D SHEET	13		

Standard Form 89 (Rev. Aug. 1930) PROMULGATED BY BUREAU OF THE BUDGET CIRCULADA-24

REPORT OF MEDICAL HISTORY
THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

LAS	T NAME	FIRST N	AME—MIDDLE NAM	E	1 6	a c T	Contract Con			2. GRA	DE AND	COMPONI	NT OR POSITI	ON		3. IDENT	IFICATION NO.
НО	ME ADD	RESS (Nur	nber, street or RF	D, cit	or to	wn, zone and Sta	te)			5. PUR	POSE OF	EXAMIN	ATION			6. DATE	OF/EXAMINATION
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REL	ATION	AGE	STATE OF H	EALTH	<u> </u>	IF DEAD.	CAUSE OF DEATH	1	A	E AT	YES	NO	OR WIFE:	620	h item)		RELATION(S)
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ANI	)							_		·		~	HAD HEART	TRO	UBLE	_	
IST	ERS						····				-		HAD STOMA	сн т	ROUBLE	FI	ATHER-
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"			AINFUL JOINTS	- -	-	SOAKING SWEATS (Night sweats)		<u> </u>	-					<u> </u>	<del>                                     </del>		
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L	MUN				-	SHORTNESS OF E		L	1	<del> </del>			URINATION	<u> </u>	EPILE.		
12	WHO	OPING COU	GH	_ _	سع	PAIN OR PRESSU	RE IN CHEST	L	1	KIDNE	EY STONE	OR BLO	OD IN URINE				EA, OR AIR SICKI
2	FRE	QUENT OR S	SEVERE HEADACHE		1	CHRONIC COUGH			1	SUGA	R OR ALE	BUMIN IN	URINE		FREQ	UENT TR	OUBLE SLEEPING
1	DIZZ	INESS OR F	AINTING SPELLS		سد	PALPITATION OR	POUNDING HEART	L	1	BOILS				L	FREQU	ENT OR T	ERRIFYING NIGHTM
	EYE	TROUBLE			~	HIGH OR LOW B	LOOD PRESSURE		1	VÉNER	REAL DIS	EASE			DEPR	ESSION C	R EXCESSIVE W
	ÉAR,	NOSE OR T	THROAT TROUBLE	T	سمعا	CRAMPS IN YOU	R LEGS	Π	سو	RECEN	NT GAIN	OR LOSS	OF WEIGHT	Г	LOSS	OF MEM	ORY OR AMMESIA
4	RUN	NING EARS			~	FREQUENT INDIG	ESTION	一	<b>Ser</b>	ARTH	RITIS OR	RHEUMA	TISM	Г	BED \	VETTING	
1	CHR	ONIC OR FE	REQUENT COLDS	-	十	STOMACH, LIVER OF	INTESTINAL TROUBLE	Т	8.0	BONE.	JOINT, C	R OTHER	DEFORMITY	ऻ	NERV	OUS TRO	UBLE OF ANY SO
1	-		OR GUM TROUBLE	-	1	<del></del>	UBLE OR GALL STONES	┢	-	LAME				-			NARCOTIC HABI
+	SINL				+	JAUNDICE >		-	-			LEG FIN	SER, OR TOE	$\vdash$			INKING HARIT
+-		FEVER			1	ANY REACTION TO S	ERUM, DRUG OR	<del> </del>	-	-		·	DER OR ELBOW	-	1 200		TENDENCIES
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HAV			eck each item)				· · ·	12.	_				U EVER—	В.	COMPLETE		
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1	WOF	RN HEARING	AIDS		1	LIVED WITH ANYON TUBERCULOSIS	E WHO HAD	L		BEEN T	REATED F	OR A FEMA	ILE DISORDER		DURA	TION OF	PERIODS
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1	WOF	RN A BRACI	OR BACK SUPPO	RT	T	BLED EXCESSIVELY TOOTH EXTRACTION	AFTER INJURY OR			HAD I	RREGULA	R MENS	FRUATION	QU	ANTITY:	NORMAL	EXCESSIVE :
НΟ	MANY	JOBS HAVI	E YOU HAD IN THE	2	4. WH	AT IS THE LONGES		25.	. WI	IAT IS Y	OUR USU	IAL OCCU	PATION?		26. ARE Y	OU (Ch	eck one)
PAŞ	IHRE	E YEARSI	_	33	eszHEI M∩	ED-ANY-OF-THESE, NTHS	PENCL	S	PA	TO TO	1	96	FIYT		RIG	HT HANDED	LEFT HAND
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VEC	110	CHECK FACH ITEM YES OR NO. FI	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
YES	МО	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	3		Had yellow Jamehie Told State Serum during World
	lister.	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.  B. INABILITY TO PERFORM CERTAIN MOTIONS	man con during World
			ctile Change during Work
	Berries .	C. INABILITY TO ASSUME CERTAIN POSITIONS	3
		D. OTHER MEDICAL REASONS (If yes, give reasons)	War IL - The house
	سسا	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	1 - O more - Hantielake
	1	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	Have oliveralisms Hopers
	7	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	Have diverticulation - Hospitalis may 1956, methodish Hapitalis Brooklyn, MYC - Pr. Peter Fio Brooklyn, MYC - no Surg say
	سا	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	Proofelyn, Myc Wr. 12200
	سما	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	Thookelyn, n. 7 - 100 300 )
	v	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	~	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
i.ex ³		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS! (If yes, give complete address of doctor, hospital, clinic, and details)	
,	~	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	i	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	سنا	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give dafe, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	*	39-FIAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING BISABILITY! (If yes, specify what kind, granted by whom, and what amount, when, why)	
1 41	ITHORI7	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUP- E ARY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED O	OR PRINT	TED NAME OF EXAMINEE  OLOS J. PUR CHIA	SIGNATURE Nicholas & Burelie
40. PHY	SICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (	Physician shall comment on all positive answers in items 20 thru S
,	١	in sampled in	1942 - W : sawlal

NICHOLAS T. PURCHA

NICHOL

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER
JACK TENDLER LT COL MC
22 June 10 Jack Tendler

NUMBER OF ATTACHED SHEETS

#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee <b>R</b>	PRCHIA	MICHOLAS	San Carlos
(Type or print)	Last	First	Middle
The following portions of	f the attached examination	report form need not be com	pleted:
	2 3 . 4	62 65 67	
· · · · · · · · · · · · · · · · · · ·	9 11 14	68 69 72	
	17	76	
46. Is necessary unless	facilities for affording sa	me are not readily available	•
20. 20. 10.00000017 42000	radiation for directary ba	mo dro not roddir, dvdradro	•
48. Not required unless desirable.	examinee is over 35 years	of age or examination indic	ates such is
			,
49. Is necessary unless	facilities for affording sa	me are not readily available.	_
71. Audiometer examina	tions should be afforded w	henever possible.	,
We in the		,	
For All Examinees, When	ther Clerical or Special Ag	ent Applicants or Employees	<b>5:</b>
	, , , , , , , , , , , , , , , , , , , ,		
The medical examiner should	duswer the following question:	. v •	
Examinee Lis	is not qualified for s	trenuous physical exertion.	,
154	•		*
To be Answered in the C	Case of All Male Employee	s and Male Applicants:	• .
		prohibiting his participation t entail the practical use of f	
☑No ☐Yes	If "yes" please specify d	lefects.	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·			
2. Does examine have	any defects prohibiting sa	fe operation of motor vehicle	:s?
No Yes	If "yes" please specify d	lefects.	
		Ny y Magay	
If examinee has defevehicle? Yes	ctive vision, should he we	ar corrective glasses while a	operating a motor
	Not Applicable	MULIOSITE T	

## Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame			
5′ 4″	117 - 125	123 - 135	131 - 148			
5′ 5″	120 - 129	126 - 139	134 - 152			
5′ 6″	124 - 133	130 - 143	138 - 157			
5' 7"	128 - 137	134 - 148	143 - 162			
5'8"	132 - 141	138 - 152	147 - 166			
5′9″	136 - 146	142 - 156	151 - 170			
5' 10"	140 - 150	146 - 161	155 - 175			
5' 11"	144 - 154	150 - 166	160 - 180			
6 <b>′</b>	148 - 158	154 - 171	164 - 185			
6'1"	152 - 163	158 - 176	169 - 190			
6' 2"	156 - 167	163 - 181	174 - 195			
6' 3"	160 - 171	168 - 186	178 - 200			
6' 4"	169 - 180	178 - 196	188 - 210			
6' 5"	174 - 185	182 - 202	192 - 216			

	Examinee's frame is small medium	₩ large
4.	Considering above weight table, the examinee's fram I consider his present weight Satisfactory	e, and other individual physical characteristics
5.	Under proper medical supervision, examinee should	lose pounds gain pounds
Re	marks:	
		AICI A MA

(Signature of Medical Examiner)

(Date)

9 K 0



FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE REPORT OF PERFORMANCE RATING

b6 b7C

Name of Employee:	NICHOLAS J. PURCHI	A #10510	
Where Assigned:	NEW YORK (Division)	INTERNAL SEC (Section, U	
Official Position Title:	SPECIAL AGENT, GS-	13	
Rating Period: from	4/1/60	to 3/31/61	
ADJECTIVE RATING:	EXCELLEN		Employee's Initials
	Outstanding, Excellent,	Satisfactory, Unsatisfactory	nde
Rated by: WARREN MARCHES	mankesault SAULT Signature	SUPERVISOR SPECIA Litle GENT	3/31/61 Date
Reviewed by H. G. FOSTER	Tostian Signature	SPECIAL AGENT IN CHARGE Title	3/31/61 Ďate
Rating Approved by	Della Coix Signature	Assistant Dire	
3 APR 7 1981	TYPE OF RE  **) Official  (**) Annual	( ) Administrative ( ) 60-Day	797 93 Numb APR 1881

#### NARRATIVE COMMENTS

Note:

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a

Town of the second second

L-12 , and the A State

# PEG-ORMANCE RATING GUILE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA	Title SPECIAL AGENT, GS-13
	Rating Period: from 4/1/60 to 3/31/61
	AND CHECK-LIST , ;
Note: Only those items having pertinent bearing on employee's performar Rate items as follows:	nce should be rated. All employees in same salary grade should be compared.
Outstanding (exceeding excellent and deserving of special commendat	ion).
Excellent. Satisfactory (good or very good).	
Unsatisfactory.	
O No opportunity to appraise performance during rating period.	
Guide for determining adjective rating:	ton the term of the desired services and the services of the s
reverse of Form FD-185.  "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend u mechanical formulas; however, for an employee to be rated "Excellent" he m	nd (B) that each and every rated element be factually justified by narrative detail on upon the composite result of evaluating all rated elements rather than following any just not be rated unsatisfactory on any performance evaluation factors on the rating emajority of such rating factors. Good judgment must be exercised to insure that ments.  quirements described on the reverse of form FD-185.
(1) Personal appearance.	(37) Pi
(1) Personal appearance. (2) Personality and effectiveness of his personal contacts.	(17) Firearms ability. (18) Development of informants and sources of information.
(3) Attitude (including dependability, cooperativeness, loyalty,	(19) Reporting ability:
enthusiasm, amenability and willingness to equitably share	(a) Investigative reports
work load).  (4) Physical fitness (including health, energy, stamina).	(b) Summary reports
	(c) Memos, letters, wires (Consider:
(6) Forcefulness and aggressiveness as required.	thoroughness; $+$ accuracy; $+$ adequacy and perti-
(7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.	nency of leads; 🛨 administrative detail.)
(8) Initiative and the taking of appropriate action on own	(20) Performance as a witness.
responsibility.	(21) Executive ability: (a) Leadership
	(b) Ability to handle personnel
+ (10) Accuracy and attention to pertinent detail.	(c) Planning
	(d) Making decisions (e) Assignment of work
and rate of progress on or completion of assignments. Also	(f) Training subordinates
consider adherence to deadlines unless failure to meet is	(g) Devising procedures (h) Emotional stability
attributable to causes beyond employee's control.  E (13) Knowledge of duties, instructions, rules and regulations, in-	(i) Promoting high morale
cluding readiness of comprehension and "know how" of	(j) Getting results
application.	(22) Ability on raids and dangerous assignments: (a) As leader
(14) Technical or mechanical skills.	(b) As participant
(15) Investigative ability and results:(a) Internal security cases	(23) Organizational interest, such as making of suggestions for
(b) Criminal or general investigative cases	improvement
(c) Fugitive cases	(25) Miscellaneous. Specify and rate:
O_ (d) Applicant cases	Dictation ability
(e) Accounting cases (16) Physical surveillance ability.	
A. Specify general nature of assignment during most of rating period (such tor, etc.):  Security	as security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
B. Specify employee's most noteworthy special talents (such as investigator, d	lesk man, research, instructor, speaker):
Investi	gator
C (1) Is amplayed qualishin for general and amplayed and amplayed	ye required Yes/If anough is not "yes" auglain in negrotive samments
C. (1) Is employee available for general assignment wherever needs of service (2) Is employee available for special assignment wherever needs of service	
D. 1. Has employee had an abnormal sick leave record during rating period? for illness) during rating period than the amount of sick leave earned narrative comments.)	No 2. Has employee used more sick leave (including annual leave or LWOP during such period? No (If answer to either question is "Yes," explain in
E. Is employee qualified to operate a motor vehicle incidental to his official d If answer is "yes," personnel file must reflect the following: (a) H physically fit to drive. (c) Past safe driving record OK or has passed	as valid State or local operator's license for type vehicle he is to use. (b) Is
ADJECTIVE RATING: EXCELLENT  Outstanding, Excellent, Satisfactory, Ui	EMPLOYEE'S INITIALS
Judgandang, Discouring Datiblactory, Or	

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13 ANNUAL PERFORMANCE RATING, MARCH 31, 1961

### PART I GENERAL COMMENTS

SA PURCHIA is of average height with an athletic huild. He dresses neatly and has a very friendly personality. He is well liked by those with whom he comes in contact.

During the rating period this agent has been assigned cases involving Communist Front Investigations. He has performed his duties in a most efficient manner. This agent is a top flight investigator. He is very enthusiastic and readily assumes responsibility. He uses above average judgment. He is capable of handling the more complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

The Bureau by letter dated October 14, 1960, commended agents of the New York Office for performing so capably in the effective handling of an operation of considerable interest to the Bureau in the security field. SA PURCHIA participated in this assignment.

RATING: EXCELLENT

PART II	SPECIFIC COMMENTS	
(1)	Justification for Any Minus Ratings Given	NA
(2)	Experience and Ability as an Inspector's Aide	NA
(3)	Participation in Informant Program -	
.*	He has not developed any informants during the rating period. However, he has been alert to this matter.	
(4)	Testifying Experience and Ability	
٠	None during rating period.	
(5)	Disciplinary Action	None
(6)	Accounting Information	NA
(7)	Police Instruction	NA
(8)	Sound Training	NA
(9)	Resident Agents	NA
(10)	Foreign Language Ability	None
(11)	Administrative Advancement	
,	A-Is Agent interested in Administrative Advancer	ment? No

wit

	organizationa <b>S.</b> I	-		ICE		.\			2. Payroll peri	od	3. Block N	0,	4. Slip No.
	name (and soc	ial socurity a	ccount numbe	r when appropria		, , , , , , , , , , , , , , , , , , , ,	SA		6. Grade and s	alary 3	\$11,41	1.5	,
					P.A	YROLL CH	ANGE DAT	'A					
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP Life Ins,			NET PAY
'. Previous ' normal			*										
. New normal	-												
P. Pay this period													
											1	3. Audited	by
Periodic st	ep-Increase	Pay adjustn	nent 0	ther step-increas	0								
4. Effective date	15. Date la: equival	ant ra	ld salary te	17. New salary rate	18.	Performance :	ating is satis	factory or be	atter.	4 min			
/5/61	9/6/8	9 \$1.	L,155	\$11,41	5			(Signature	or other authe	ntication)			
9. LWOP da during foll Period(s):	ta (FIII in approving periods)		6	7-NOI	RM	10RT	IRINI (TIRI		heck applicable In pay statu In LWOP st	s at end of v	vaiting period.		Initials of CI
STANDARD	FORM NO. 112	/ I Barda d			YAK	3 1961	Subspect Edity /	***********					







# UNITED STATES DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. YURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Addres	Relationship WIFE	9-7-60 b6
91 BLAUVELT ST.	REET , TEANECK,	Ŋ.J.
The following person is designated as my beneficiary of agents killed in the line of duty, other	beneficiary under the Chas. S. Ross Fund protein travel accidents.	oviding \$1500 death benefit to
Name	Relationship  MIFE	9-7-60
Address 91 BLAUVELT S	STREET, TEANECT	4, N.J.
67-NO1 LECORDED 70 8 SEP 28 1960	Very truly yours,  Micholas Special Agent	J. Surchick

indard form i	<i>I</i> «									_ }
CHAPTER 1-5 6 GAO *0	F.P.M.	FED FED	H LIMEFITS RE- ERAL EMPLOYEES HEALTH on back of last page.	I BENEFI	TS ACT UF 195	9	n.)		3205018	rampur jajus libros
	1 NAME	(tast) . (f	IRST)	(MIDDL	E INITIAL) 2	. DATE OF BI	RTH numbers)		3. Are you now manied.	1
PART A	PUR	CH IA NIC	HCLAS	J.		HINOM	ê Î	YEAR 13	YES TI	distribution per securi
GISTER	4. YOUR	MAILING ADDRESS (NUMBER	AND STREET)	(CITY A	ND ZONE NUMB	íR)	(STATE)	· · · · · · ·	5. SEX MALE 7 1	
UST FILL	91	B lauvolt Str	eet	Te	aneck		-	NJ	FEMALE []	
Tuls	ó. Are ;	you covered by, or is any fam	ny member listed below	w C34-	7. Pluce an	X ' In prop	er box	to show	your annual basic salary	
iRT.	Heal	by or enrolling in, a plan u in Benefits Act of 1959 (Arrou	ign the enrollment of a	nother	range.	UDED 6 ( 000			000 TO-\$9,999 [ 1 3]	1
		ed States or District of Colum! itant)?		ee or		NDER \$4,000 10 TO \$5,999	2		0,000 OR OVER 12 4	
DART R	1 1 1 1 1	YES	NO X	Lautho	orize deduction	is to be mad	e from	my soich	y, compensation, or armuit	<b>→</b>
PART B LL In This	to cov	ver my share of the cost of the e	enro" ent. (Copy the	informat	hón requested E	elow from in	side co	er or bro	caute of the plan you select.	)
ART IF YOU ISH TO EN-	NAME	OF PLAN				HDIN) NOITE	OR LOV	/ EN	ROLLMENT CODE NUMBER	1
OLL 19 A EALTH BENEFITS	SA	MBA HEALIFI BEN	efit Plan			High	L.		4 4 2	100
LAN.	2. In sp	ace below 1'st all eligible fam	lly members without ex	ceotion	List your wif	e or husban	l first,	hen your	unmatried children uncer	
	ship.	9, including legally adopted a Include also any unmarried If-support. (Attach a doctor's	child avar 19 who become	ame dis	ableci before c	ige 19 and	who, be	cause of	the disability, is incapab	-
for self only,		NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year	.,	NAMES	OF FAMILY M	IEMBERS		DATE OF BIRTH (Monm, Day, Year)	
nswer item i. Fenrollment For self and	Wife or			<b>1</b> 7			<del></del>		. 6.	
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PART C	PLACE AN	I "X" IN ITEM I OR ITEM 2, WHICH								
ILL IN THIS	1. I ele	ct not to enroll in any plan	3. The reason						and the second CC	
ART IF YOU VISH NOT TO	unde	r the Health Benefits Act.	ment o	f my hu	sband, wife, o	r parent.	•		rough the enroll-	_
NROLL OR IF OU WISH TO	2. 1 ele	ct to cancel my present enroll-	(b) I am co	vered t s Act.	ay a health in	surance pla	n whic	h, is not i	under the Health	
ANCEL YOUR HROLLMENT,	meni	under the Health Benefits Act.			on.			,		
PART D	I elect to	o change-my enrollment as sho					В.			
ILL IN THIS	1. Enro	llment code number of present p	olan. 2. Number of (See table on	event wi back of a	hich permits ch luplicate for prop		. Date	of event v	which permits change.	, 1
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HANGE YOUR HROLLMENT.					i,					
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PART F TO BE TOMPLETED BY AGENCY.  REMARKS FOR USE ONLY BY ANDUTANIS		FEDERAL TO LINITED ST 25 E	PRINTI  PRINTIP  ALL OF THESTIGATION OF ARTMENT JF JU  OTON 23, D. C.	ON STICE	3, 1960	2. DATE I EMPLO	RECEIVED HYING O	IN FRICE ((-1) ( A M	3. EFFECTIVE DATE OF ELECTION  7	
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### PORT OF MEDICAL EXAMINATION

88-104-01

Circula	r A-32 (Rev.)	್ಷ ಸರ್ವ೦೧	I OF MEDICAL	EXAMINATIE	18 MAY 61	88-104-01
1. LAS	T NAME-FIRST NAME-MIDDLE NAME	· · · · · ·		2. GRADE AND COMPON		3. IDENTIFICATION NO.
מוזמו	CHTA NTCHOTAS JOHN				***	
-VC UT	ME ADDRESS (Number, street or RFD, cit	y or town, zone a	nd State)	5. PURPOSE OF EXAMIN	ATION	6. DATE OF EXAMINATION
	**		-		٠,	,
	BLAUVELT ST., TEANEC	K, N.J.		ANNUAL		15 MAY 61
. 7, SE	8. RACE	9. TOTAL YEARS	GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT	
_MAT	E CAUC	MILITARY 5YR	B CIVILIAN 1人是YRS	F.B.T.		
12, DA	TE OF BIRTH 13. PLACE OF BIRTH		772		P. AND ADDRESS OF NEX	T OF KIN
28	AUG 13 NEW YORK	CITY, N	•Y•			
15 FY	MINING FACILITY OF EVAMINED AND AD	DDECC		16. OTHER INFORMATIO	N ·	
	MINING FACILITY OR EXAMINER, AND AD		NYC (61-1224)	TO, OTHER INFORMATIO		
90	CHURCH ST., N.Y.C.,	7, N.Y.		TIME IN THE CARLETY	(////-//)	LICT CIV HOUTING
17. RA	ING OR SPECIALIT		, , , , , , , , , , , , , , , , , , , ,	TIME IN THIS CAPACITY	(10tat) -	LAST SIX MONTHS
·		· · · · · · · · · · · · · · · · · · ·				
	CLINICAL EVALUATION		NOTES. (Describe every comment. Co	abnormality in deta ntinue in item 73 and	il. Enter pertinent : d use additional shee	tem number before each
NOR- MAL	(Check each item in appropriate umn; enter "NE" it not evalua	ted.) ABNOR-	,			
X	18. HEAD, FACE, NECK, AND SCALP	* *				**
	19. NOSE	50 6			·	
y	-20. SINUSES	- ,				
v	21. MOUTH AND THROAT	· .				
<del></del>	22. EARS—GENERAL (Int. & ext. canals) (.	Auditory				, , ,
<u>-</u>	23. DRUMS (Perforation)	ana 711			·	
_ <u>X</u>	24. EYES—GENERAL (Visual acuity and re	fraction .				
X		d (7)	A. C.			
_X_	25. OPHTHALMOSCOPIC	<u>c'</u> ;	C. Salar	(A)		
_X	26. PUPILS (Equality and reaction)		at in all to	1		
<u>X</u>	27. OCULAR MOTILITY (Associated parall ments, nystagmus)	et. more-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>*</b>		
<u>X</u>	28. LUNGS AND CHEST (Include breasts)		REC'ION OF THE	1		
_X_	29. HEART (Thrust, size, rhythm, sound	(a)	The state of the s		· ·	
_X	30. VASCULAR SYSTEM (Varicosities, etc	.)		ng jarah dari katalan	* ,	
_ <u>x</u>	31. ABDOMEN AND VISCERA (Include he					· · · · · · · · · · · · · · · · · · ·
·	32. ANUS AND RECTUM (Hemorrhoids, fist (Prostate, if indice		/aa\maam		and the second second	TING MA DEATHER A
	33. ENDOCRINE SYSTEM	ated)	(32) PROSTATE AN		um ake negat	FAR AO DIGLAME
<u>x</u>	34. G-U SYSTEM	*	EXAMINATION			
-X		of	Samuel Samuel Company	12/16/	113 79	7-42
<u>X</u>	35. UPPER EXTREMITIES (Strength, range motion)			REU IVE	January Comment	
<del></del>	36. FEET		(36) PEA PLANUS	3rd DEGREE	BILATERAL,	ASYMPTOMATIČ.
<u> x</u>	37. LOWER EXTREMITIES (Except feet) (Strength, range of	(motion)	7	V - 1	F AMM R	1301 6
<u> </u>	38. SPINE, OTHER MUSCULOSKELETAL			seen artistes		And the state of t
_ <del>X</del> _	39. IDENTIFYING BODY MARKS, SCARS, T.	ATTOOS			A 1877	
_ <u>X</u>	40. SKIN, LYMPHATICS	; -	5 A 3 5 4 5 4 5 4 5 4 5 4 5 4 5 5 5 6 5 6 5 6		WAR.	
	41. NEUROLOGIC (Equilibrium tests under	ilem 72)			1	
72	42. PSYCHIATRIC (Specify any personality d	eviation)	The second secon			
<u> </u>	43. PELVIC (Females only) (Check how					the second secon
•	□ VAGINAL □	· '1 1		Cantinua	in item 73)	
44 DE	NTAL (Place appropriate symbols above or		unner and lower tests washant	<del></del>		ADDITIONAL DENTAL
	Restorable teeth	. velow number ofX—Missing		x8)—Fixed bridge, bracke	DEFECTS AND	ADDITIONAL DENTAL DISEASES
	Nonrestorable teeth	XXX-Replaced	by dentures	include abutment	5	
° R [™]				ap ap	CLASS	# 1
G T	X (2' X X 5) 6	7 8	9 10 11 13	13X X 15 X	E	
F H	至(31 次 29) 28 27	26 25	24 23 22 21	(20 <u>19</u> 18) 17	' t OCCIII	SION NORMAL
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74 SUMMARY OF DEF	ECTS AND DIAGNOSES	.(List dia	gnoses w	ith item	number	s) ·	- 4	, , , ,	-	.,	,			k			٠
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75. RECOMMENDATION	S-FURTHER SPECIAL	IST EXAM	INATIONS	INDICAT	TED (Spe	cify)						76,	A. PI	IYSICAL	PROFILE	1	
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77. EXAMINEE (Check)	<u> </u>		<u> </u>	····			· · · · · · · · · · · · · · · · · · ·		4,		<del>-</del>		<del>.  -</del>				<u>.</u>
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B. IS NOT O	OR DUTY.		` .		<i>-</i>	٠.				-	•	• • •	B' bhi	SIÇAL C	ATEGORY	•	6
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78. IF NOT QUALIFIED.	LIST DISQUALIFYING	DEFECTS	BY ITEM	NUMBE	R,				٠. *			Α.,	В		. с	- E	
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79. TYPED OR PRINTE	NAME OF PHYSICIAN				· -		-	SIC	SNATURE		-			,	,		
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80. TYPED OR PRINTE	NAME OF PHYSICIAN				,	•		SIG	NATURE					,		· .	
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Standard Form, 89 (Rev. Aug. 2950) PROMOLGATED BY BUREAU OF THE BUDGET CIRCULAR A-24

# THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

						• • • • • • • • • • • • • • • • • • • •										•	
•	$\overline{}$			AME-MIDDLE NAME				1			2. GRAD	E AND C	COMPONE	NT OR POSITI	ON	3.	IDENTIFICATION NO.
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4.											5. PURPO					6.	DATE OF EXAMINATION
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17.	SIAII	MENT	OF EXAM	INEE'S PRESENT HE		_		ow by description of	past	his	tory, if co	mplain	it exists)				
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18.	FAMII	Y HIST	ORY									19. HA	S ANY BI	OOD RELATIO	N (1	Parent, broth	er, sister, other)
	RELAT		AGE	STATE OF HE	CAL TL		I JE DEAD	CAUSE OF DEATH	Т	AG	SE AT	OR YES	HUSBAN NO	OR WIFE:		h itam)	RELATION(S)
		1011	AGE		ALI	<u>'</u>	IF DEAD,	CAUSE OF DEATH	-	DI	EATH	IES					RELATION(5)
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20.	HAVE	YOU E	/ER HAD	OR HAVE YOU NOW	(Pla	ce cl	eck at left of each i	lem)			•						
YES	МО		(Check	each item)	YE	SN	(Check	each item)	YES	NO	(	Check	ceach i	tem)	YES	NO (	(Check each item)
	2	SCARL	ET FEVE	R, ERYSIPELAS	$\top$	1.	GOITER				TUMOR	. GROW	TH, CYS	T, CANCER		TRICI	C'' OR LOCKED KNEE
		DIPHT	HERIA		- -	١	TUBERCULOSIS				RUPTUI	RF			-	FOOT 7	FROUBLE
_			MATIC FE	VED	+	1	SOAKING SWEATS			1	APPEND	NCITIE				NEURI	
	1				+	+	(Night sweats)			-	<del> </del>		CAL DICE	105	-		YSIS (Inc. infantile)
				AINFUL JOINTS	4	1	ASTHMA			-	<del> </del>		TAL DISE				
-		MUMP	5		_ _	Ł	SHORTNESS OF			مند	<del> </del>			URINATION	<u> </u>		SY OR FITS
_	1_1	WHOO	PING CO	JGH		4	PAIN OR PRESSU	RE IN CHEST		2	KIDNEY	STONE	OR BLO	OD IN URINE		CAR, T	RAIN, SEA, OR AIR SICKNESS
	~	FREQU	JENT OR	SEVERE HEADACHE		1	CHRONIC COUG	t i		2	SUGAR	OR ALB	BUMIN IN	URINE		FREQU	ENT TROUBLE SLEEPING
	سه	DIZZIN	NESS OR	FAINTING SPELLS	T	ı	PALPITATION OF	POUNDING HEART		1	BOILS		`			FREQUE	NT OR TERRIFYING NIGHTMARES
		EYE T	ROUBLE		_ _	1	HIGH OR LOW	BLOOD PRESSURE		1	VENERE	EAL DIS	EASE			DEPRE	SSION OR EXCESSIVE WORRY
				THROAT TROUBLE	十	1.	CRAMPS IN YOU			ما	7			OF WEIGHT	T	Loss	OF MEMORY OR AMNESIA
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		_			+	+			-	1				R DEFORMITY	$\vdash$	<u> </u>	US TROUBLE OF ANY SORT
				REQUENT COLDS	-	+	<del></del>	R INTESTINAL TROUBLE	-	-	1.		A O I REI	/ DELOKMII I	⊢		·····
	100			OR GUM TROUBLE	+			OUBLE OR GALL STONES	<b>-</b>	-	LAMEN				├		RUG OR NARCOTIC HABIT
		SINUS		· · · · · · · · · · · · · · · · · · ·		4	JAUNDICE ANY PRACTION TO	CEDIM PONO CO		<u> </u>	-			SER, OR TOE	<u> </u>	<del>      -   -   -                        </del>	SIVE DRINKING HABIT
		HAY F	EVER	······		1	ANY REACTION TO MEDICINE	SERUM, DRUG OR		Ľ	PAINFUL	OR"TRI	ск" ѕнои	LDER OR ELBOW	<u>L</u>	номо	SEXUAL TENDENCIES
21.	HAVE	YOU E	VER (C	heck each ítem)					22.	FE	MALES ON	ILY: A.	HAVE YO	U EVER	В.	COMPLETE T	HE FOLLOWING:
		WORN	GLASSE	S	Т	1	ATTEMPTED SUI	CIDE			BEEN P	REGNA	NT			AGE A	T ONSET OF MENSTRUATION
	No.	WORN	AN ART	IFICIAL EYE	十		BEEN A SLEEP W		Т	Т	HAD A	VAGINA	L DISCH	ARGE		INTER	VAL BETWEEN PERIODS
	WORN HEARING AIDS LIVED WITH ANYONE WHO HAD TUBERCULOSIS									$\vdash$	-			ALE DISORDER	t	DURAT	TION OF PERIODS
	STUTTERED OR STAMMERED COUGHED UP BLOOD								-	$\vdash$	-				-		OF LAST PERIOD
		<del></del>				-				-			MENSTRI		L		NORMAL EXCESSIVE SCANTY
	1			E OR BACK SUPPO	—		BLED EXCESSIVELY TOOTH EXTRACTIO			<u>L</u>	<del></del>			TRUATION	Į QU		
			JOBS HAV YEARS?	E YOU HAD IN THE		4. V	VHAT IS THE LONGE IELD ANY OF THESE	IODC2	l		HAT IS YO					1	OU (Check one)
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ENCLOSURF //

YES	NO	CHECK EACH ITEM YES OR NO. EV	ERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	4
	V	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	Jamaces 1942 118 ARMY
	barren	B. INABILITY TO PERFORM CERTAIN MOTIONS	1000100 1174 - 03 MICHY.
	1	C. INABILITY TO ASSUME CERTAIN POSITIONS	a dimensional distriction of the second
	-	D. OTHER MEDICAL REASONS (If yes, give reasons)	Overtulities - no operation
	V	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	11. The adi- 3 weeks - methodist
	سينا	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	11 - hotal - 1855
	~	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give' details)	Jamedece 1942 - US ARMY.  Diverticulities - no operation  Hospitalogical - 3 werks - methodist  Hospital - 1955.  Dr. Peter Feore, Balyn My.
	V	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	in the second se
	1	32-HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	سما	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR. IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	/	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS. OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	مسا	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	سسا	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	سسا	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL. MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	1	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by whom, and what amount, when, why)	
I AU	<b>THORIZE</b>	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONEI MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	LED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
		ED NAME OF EXAMINEE	SIGNATURE
Nice	101	AS J. PURCHIA	Michofas J. Dunches
		SUMMARY AND ELABORATION OF ALL PERTINENT DATA (PA	aysician shall comment on all postive answers in items 20 pri 39)
		•	
~	n	muys twhomping	cough in childhook
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6	2/	von Va.	
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	ě	Glasses for read	ing,
	•	Flat feet in c	hel service.
		0	
TYPED O	R PRINT	TED NAME OF PHYSICIAN OR EXAMINER DATE	SIGNATURE NUMBER OF ATTACHED
		RDINEILI, LT., M.C.	my SUBernamill SHEETS
			U. S. GOVERNMENT PRINTING OFFICE: 1952—O-213344
<b>●</b> #	-		V



## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	FURCHIA	11,000	LAS JOHN
(Type or print)	Last	First	Middle
The following portions	of the attached examinati	on report form need not	be completed:
	2	62	
	3	65	
	4	67	
	9	68	
	11	69:	•
	14	72	
	17	76	, , , , , , , , , , , , , , , , , , ,
46. Is necessary unles	s facilities for affording	same are not readily av	vailable.
	s examinee is over 35 yea	rs of age or examination	on indicates such is
desirable.	3		75
49. Is necessary unles	s facilities for affording s	same are not readily av	ailable.
• •	*,		,
71. Audiometer examin	ations should be afforded	whenever possible.	
· · · · · · · · · · · · · · · · · · ·	•	,	•
		4	
For All Examinees, Wh	ether Clerical or Special	Agent Applicants or En	ployees:
•	* *		* * * * * * * * * * * * * * * * * * *
The medical examiner should	ld answer the following question	<b>n:</b>	•
Examinee 🖾 i	s 🔲 is not qualified for	strenuous physical ex	ertion.
•	· · · · · · · · · · · · · · · · · · ·	,	· ·
To be Answered in the	Case of All Male Employe	es and Male Annlicant	·c•
TO be Allswelled III file	Case of All male Employe	ses and male Applicant	,
	e any defects restricting ous assignments which mig		
☑No ☐Yes	If "yes" please specify	defects.	· ,
-	11 you produce opening		, t a
2. Does examinee have	e any defects prohibiting s	safe operation of motor	vehicles?
No ☐ Yes	If "yes" please specify	defects.	
If examinee has def	ective vision, should he v	vear corrective glasses	while operating a motor
veincie: La les		17-4.13	777-93
•		1-7-	111 10

May

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	Ì30 - 143	138 - 157
5′ 7 <b>″</b>	128 - 137	134 - 148	143 - 162
5′8″	132 - 141	138 - 152	147 - 166
5′9″	136 - 146	142 - 156	151 - 170
5/ 10",	140 - 150		155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6′ 2″	156 - 167	163 - 181	174 - 195
6'.3"	160 - 171	168 - 186	178 - 200
6'.4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3.	Examinee's frame is small medium	large
4.	Considering above weight table, the examinee's frame I consider his present weight Satisfactory	and other individual physical characteristics.  Excessive Deficient
5.	Under proper medical supervision, examinee should	losepounds
	7	gainpounds
Re	marks:	

(Signature of Medical Examiner)

15 may 1961

45.00

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

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REPORT OF PERFORMANCE RATING

	٨	l'	•
Name of Employee:	NICHOLAS J. OPURCE	HIA 10510	
Where Assigned:	NEW YORK (Division)	INTERNA (Section, U	AL SECURITY Unit)
Official Position Title:	SPECIAL AGENT, GS	5-13	
Rating Period: from	4/1/61 `	to3/31/6	2
ADJECTIVE RATING:		ENT Satisfactory, Unsatisfactory	Employee's Initials
WARREN MARCHESSAU Reviewed by:		SUPERVISOR  Title SPECIAL AGENT IN CHARGE  Assistmale Director	3/31/62 Date 3/31/62
H. G. FOSTER  Rating Approved by:	Signature	Title	APKDLO 1962  Date
(x 3 APR 17196	TYPE OF RE  Official REC (x ) Annual	PORT Search Search Administrative ( ) 60-Day ( ) 90-Day ( ) Transfer ( ) Separation from ( ) Special	sojse

#### NARRATIVE COMMENTS

Note:

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

# FORMANCE RATING GOE FOR INVESTIGATIVE PERSONNEL

( For use as attachment to Performance Rating Form No. FD-185 )

Name of Employee NICHOLAS J. PURCHIA	Title SPECIAL AGENT, GS=13
	Rating Period: from 4/1/61 to 3/31/62
	AND CHECK-LIST
Note: Only those items having pertinent bearing on employee's performa Rate items as follows:	ance should be rated. All employees in same salary grade should be compared.
+ Outstanding (exceeding excellent and deserving of special commenda	ation).
Excellent. Satisfactory (good or very good).	
<ul> <li>Unsatisfactory.</li> <li>No opportunity to appraise performance during rating period.</li> </ul>	
Guide for determining adjective rating:	
	and (B) that each and every rated element be factually justified by narrative detail on
reverse of Form FD-185.  "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend mechanical formulas; however, for an employee to be rated "Excellent" he n	upon the composite result of evaluating all rated elements rather than following any must not be rated unsatisfactory on any performance evaluation factors on the rating majority of such rating factors. Good judgment must be exercised to insure that ments.
(2) Personality and effectiveness of his personal contacts.	(18) Development of informants and sources of information.
(3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share	(19) Reporting ability:
work load).	(a) Investigative reports (b) Summary reports
(4) Physical fitness (including health, energy, stamina).	(c) Memos, letters, wires
(5) Resourcefulness and ingenuity.	· (Consider: #conciseness; # clarity; # organization;
(6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper	thoroughness;taccuracy; _tadequacy and perti-
conclusions, ability to define objectives.	nency of leads; # administrative detail.) (20) Performance as a witness.
(8) Initiative and the taking of appropriate action on own	(20) Tenormance as a witness.  (21) Executive ability:
responsibility.  (9) Planning ability and its application to the work.	(a) Leadership
(9) Hamming ability and its application to the work.  ———————————————————————————————————	(b) Ability to handle personnel
(11) Industry, including energetic, consistent application to duties.	(c) Planning (d) Making decisions
(12) Productivity, including amount of acceptable work produced	(e) Assignment of work
and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is	(f) Training subordinates (g) Devising procedures
attributable to causes beyond employee's control.	(h) Emotional stability
(13) Knowledge of duties, instructions, rules and regulations, in-	(i) Promoting high morale (j) Getting results
cluding readiness of comprehension and "know how" of	(22) Ability on raids and dangerous assignments:
application.  (14) Technical or mechanical skills.	(a) As leader
+ (15) Investigative ability and results:	_E (b) As participant
(a) Internal security cases	(23) Organizational interest, such as making of suggestions for improvement.
(b) Criminal or general investigative cases	(24) Ability to work under pressure.
O_ (c) Fugitive cases O_ (d) Applicant cases	E (25) Miscellaneous. Specify and rate:
_ \ (e) Accounting cases	Dictation ability
(16) Physical surveillance ability.	
A. Specify general nature of assignment during most of rating period (such tor, etc.): Security	h as security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
•	desk man, research, instructor, speaker):
Investigator	
C. (1) Is employee available for general assignment wherever needs of service (2) Is employee available for special assignment wherever needs of service (2).	ice require?Yes (If answer is not "yes," explain in narrative comments.) ce require?Yes (If answer is not "yes," explain in narrative comments.)
D. 1. Has employee had an abnormal sick leave record during rating period for illness) during rating period than the amount of sick leave earned narrative comments.)	P. No_2. Has employee used more sick leave (including annual leave or LWOP d during such period? No_ (If answer to either question is "Yes," explain in
E. Is employee qualified to operate a motor vehicle incidental to his official If answer is "yes," personnel file must reflect the following: (a) physically fit to drive. (c) Past safe driving record OK or has passe	duties? Yes No Has valid State or local operator's license for type vehicle he is to use. (b) Is d Bureau road test.
ADJECTIVE RATING: EXCELLENT Outstanding Excellent Satisfactory U	Insatisfactory EMPLOYEE'S INITIALS

NICHOLAS J. PURCHIA, SPECIAL AGENT, GS-13 ANNUAL PERFORMANCE RATING, MARCH 31, 1962

#### PART I GENERAL COMMENTS

SA PURCHIA is of average height and build. He dresses neatly and presents a fine appearance. He has a likable personality.

During the rating period this agent has been assigned cases involving the investigation of Communist front organizations. He has handled these investigations in an above-average fashion. He is considered a top-flight investigator. He is very enthusiastic and readily assumes responsibility. He uses above-average judgment. He is capable of handling the more complicated investigative matters. He is also capable of participating in raids and dangerous assignments.

By letter dated 3/13/62 the Director commended SA PURCHIA for an excellent job in the preparation of a lengthy prosecutive summary report relative to a matter of much interest to the Bureau in the security field.

RATING: EXCELLENT

PART II SPECIFIC COMMENTS

- l Justification for any minus ratings given NA
- 2 Experience and Ability as an Inspector's Aide NA
- 3 Participation in Informant Program

This agent, although not having developed a security informant himself, has been alert to obtain names of those individuals who appear to be good potentials for such development. These names were turned over to those agents working actively on the informant development program. In addition, this agent has assisted another agent in the development of a source resulting in technical coverage of an important convention in the New York area.

4 - Testifying Experience and Ability

None during rating period

5 -	Disciplinary	Action	None	3
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- 6 Accounting Information NA
- 7 Police Instruction NA
- 8 Sound Training NA
- 9 Resident Agents NA
- 10 Foreign Language Ability None
- 11 Administrative Advancement

A-Is agent interested in administrative advancement? No



## UNITED STATES DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C.

MAR 20 1962

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS J. PURCHIA

(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name	Relationship WIFE	Date 3-16-62 b7C
91 BLAUYELT STREET		
·	beneficiary under the Chas. S. Ross Fund pr	
Name	Relationship WIFE	Date 3-16-62
Address 91 BLAUVELT STRE	TEANECK, NEW	TERSEY
67-NOT APR 6 1962	Very truly yours,  Very truly yours,  Special Agent	Surchia Zdw



# UNITED STATES DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

WASHINGTON 25, D. C. AUG 17 1961

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Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Nicholas J. Purchia

(Type or print plainly)

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		WIFE	7/25/61 ^{b7C}
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	following person is designated as my beneficiary u	•	,
beneficiary of a	agents killed in the line of duty, other than travel ac	ccidents.	
Name		Relationship	Date
		WIFE	7/25/61
Address			
	TAMBUNELT STREET, T	EANECK, NEW	JERSEY
MOITA	OT KECOKDED!	Very truly yours,	3
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15, EXAMINING FACILITY OR EXAMINER, AND ADDRESS	6. OTHER INFORMATION	
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	ME IN THIS CAPACITY (Total)	LAST SIX MONTHS
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CLINICAL EVALUATION NOTES. (Describe every at	pnormality in detail. Enter pert	inent item number before each
NOR- (Check-each item in appropriate col- ABNOR- comment. Cont	inue in item 73 and use addition	al sheets if necessary.)
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20. SINUSES		
21. MOUTH AND THROAT	•	
22. EARS—GENERAL (Int. & ext. canals) (Auditory active under items 70 and 71)		•
23. DRUMS (Perforation)	•	·
24. EYES—GENERAL (Virual acuity and refraction under them 59, 60 and 67)		
25, OPHTHALMOSCOPIC		
26. POPILS (Equality and reaction)		
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29. HEART (Thrust, size, rhythm, sounds)	•	
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41. NEUROLOGIC (Equilibrium tests under item 72)	a copy of peps	LADEA CASI
42. PSYCHIATRIC (Specify any personality detrution)	•	
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Standard Form 89 (Rev. Aug. 1950) PROMULGATED BY BUREAU OF THE BUDGET CIRCULAR A-24

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO INVALITABLE DEPONS

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<del>                                      </del>		OR GUM TROUBLE	쑤	X	GALL BLADDER TROUBLE OR GALL STONES	-	贠	LAMEN		91116		$- \hat{\mathbf{y}} $		JG OR NARCOTIC HABIT
X SINU			┰	+/`	JAUNDICE	+-	少			LEG, FING	ER, OR TOE	一分	<b></b>	VE DRINKING HABIT
<del> /`` </del>	FEVER		╬	א	ANY REACTION TO SERUM, DRUG OR MEDICINE	1-	忟				DER OR ELBOW	一纹	<del></del>	XUAL TENDENCIES
		heck each item)		<b>/</b> \	MEDICINE	22	FEN				U EVER-	B, COM		E FOLLOWING:
1.0	N GLASSE		1	V	ATTEMPTED SUICIDE	+	T	l	REGNA		1		· · · · · · · · · · · · · · · · · · ·	ONSET OF MENSTRUATION
1/2		IFICIAL EYE	$\dagger$	Ŷ	BEEN A SLEEP WALKER	+	$\vdash$			L DISCH	ARGE		<del></del>	L BETWEEN PERIODS
<u>- ∧-</u>	N HEARIN		╁	杪	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	+	$\vdash$				LE DISORDER		<del></del>	ON OF PERIODS
<del>-  /                                   </del>		R STAMMERED	+	13	COUGHED UP BLOOD	+	$\vdash$			MENSTRU			<del> </del>	LAST PERIOD
<del>-/3- </del>		E OR BACK SUPPOR	-	汝	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	$\top$	$\vdash$				RUATION	QUANT		RMAL EXCESSIVE SCA
IV MOV			-	<del>/</del>		1 25	A	<u> </u>						(Check one)
<u>'/ '                                  </u>		E YOU HAD IN THE	24		AT IS THE LONGEST PERIOD YOU LD ANY OF THESE JOBS?	25.	. WF	AT IS YO	OUR USU	IAL OCCU	PATION	40	. ARE TOU	(Circon Circ)

.. ENGLOSUS

MAR

YES	NO	CHECK EACH ITEM YES OR NO. EV	ERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	l x	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	0 1 4 2000 4/1 /21
	文	B, INABILITY TO PERFORM CERTAIN MOTIONS	Ind NEgree Flan gerl
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	1/00
	- x	D. OTHER MEDICAL REASONS (If yes, give reasons)	2 nd Degree Flat feel Jaundice - V.S. army - 1942.
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	State infection
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	Jaundier - V.S. army - 1942. State infection Diverticulation 1956.
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	Diverticulation 1936.
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	X	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	Х	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR. IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	火	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	•
	X	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS. OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	뽓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	Х	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY! (If yes, specify what kind, granted by whom, and what amount, when, why)	
I AU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPI ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONEI MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED C	R PRINT	ED NAME OF EXAMINEE	Micholas J. Surchea
40. PHY	SICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (PA	hysician shall comment on all positive answers in items 20 thru 39)

20/000 MS

Hospitalized 3 weeks in 1956 for diverticulities

Had jaundice & yellow fever shot, MS

21/ glasses few months for vending.

Mo pain from per planus

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINATION OF ATTACHED SHEETS

NUMBER OF ATTACHED SHEETS

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE: 1952—0-213344

MAY 7 1962

## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee PURCHIA / (Type or print)	YICHOLAS JOHN										
(Type or print) Last	First Middle										
The following portions of the attached examination report form need not be completed:											
2	62										
3	65										
4	67										
9	68										
11	69										
14 17	72 76										
17											
46. Is necessary unless facilities for affording san	ne are not readily available.										
48. Not required unless examinee is over 35 years desirable.	of age or examination indicates such is										
49. Is necessary unless facilities for affording sar	ne are not readily available.										
71. Audiometer examinations should be afforded w	nenever possible.										
For All Examinees, Whether Clerical or Special Ag	ent Applicants or Employees:										
The medical examiner should answer the following question:	•										
Examinee is is not qualified for st	renuous physical exertion.										
To be Answered in the Case of All Male Employees	and Male Applicants:										
1. Does examinee have any defects restricting or particles and dangerous assignments which might											
☐ No ☐ Yes If "yes" please specify do	efects.										
2. Does examinee have any defects prohibiting safe	e operation of motor vehicles?										
☑ No ☐ Yes If "yes" please specify d	efects.										
	_										
If examinee has defective vision, should be wed vehicle? Yes No	or corrective glasses while operating a motor										

	REC BesitoblishWeigh	t Ranges for Males	
Height	Small Frame	Medium Frame	Large Frame
5′ 4″	MAY 110 - 8509 AM '67	123 - 135	131 - 148
5′5″	120 - 129	126 - 139	134 - 152
5′6″	124 - 133	130 - 143	138 - 157
5′ 7″	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5 <b>′</b> 9 <b>″</b>	136 - 146	142 - 156	151 - 170 1
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6′	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6′ 2″	156 - 167	163 - 181	· 174 - 195
6′3″	160 - 171	168 - 186	178 - 200
6′ 4″	169 - 180	178 - 196	188210
6' 5"	174 - 185	182 - 202	192 - 216

3.	3. Examinee's frame is small medium	☑ large
4.	4. Considering above weight table, the examinee's frame, as I consider his present weight 'Satisfactory	nd other individual physical characteristics Deficient
5.	5. Under proper medical supervision, examinee should	losepounds
	· C	]gainpounds
Re	Remarks:	
		1
		grand facilin

(Signature of Medical Examiner)

(Ďate)

### UNITED STATES GOVERNM

# Memorandum

Memo	randum			Casper Callahan Conrad
				DeLoach Evans
то :	Mr. Casper	DATE:	3/8/63	Gale Rosen
	vii. Caspei		0, 0, 00	Sullivan
				Tavel Trotter
FROM :				Tele. Room
				Holmes Gandy
	<i>(</i> )			
SUBJECT:	NICHOLAS J. PURCHIA		Molly	b6 b7C
	SPECIAL AGENT			DIC DICE
	GS-13 @ \$12,600		Mint	· Je
	IN-SERVICE CLASS #18		No. 1	
	(ADVANCED SECURITY)		1. 170	went bic
	ASSIGNED NEW YORK CITY	•	V / / V	
	TIDDICITED THEY TOTAL CITT		MM	
	•		1 /	
	Confirmation and following 231	11	te adminent bak One	A
Minhala T	Confirming my telephone calk			
	Purchia assigned New York Cit			
	ice Class #18 (Advanced Securi			
	Victoria Eanni, New Windsor,			
requested he	be permitted to return home t	o assist	in the funeral arr	angements.
	,			_
	He was driven to the National	Airport	by SA	where he
caught a con	muter plane to New York City	at 9:25 a	a.m.	_
		•		
	Agent Purchia's home address	s is 91 B	lauvelt St. Teane	ck. New
Jersey.			,	
	,		,	•
	SA Purchia has completed onl	v four d	avs of histen days!	In-Service
training.	bil i ul ollia, hab completed on	y 1041 40	ayb of mid wir dayb	MI DOI VIOC
	24.0	Ø7-	4/3797	- 90
RECOMMEN	IDATIONS.	Search	cd Numbered	
TUBC OMMATI	DATIONS.		9 MAR 13 1963	14
•	1 74 :			A Z I I I I I I I I I I I I I I I I I I
<b>.</b>	1. It is recommended this m	_	·	
	order that a letter of sympathy		ent to Special Age	nt Purchia at
his Teaneck	address. Der a Per The	E		
,	Ner a let	·		
	J-8-67			
	LA CO			
	2. The New York Office shou	ld be not	tified of Purchia's	return home.
and they sho	uld be instructed to have Purch			
	a., Friday, March 22, to resu	_		•
	Service class.		11 AME:	/

1 - Administrative Division

HLS:jms (4)

Tolson

Belmont . Mohr -

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0	TO THE TANK	17.20 B. 1.1.1.1	28       [ ]	27	. 26     [ ]	25       [ ]	24	23     [ ]	22   [ ]	21	20 🖁 🖟 🐧	19	18 🖁 🖟 🖟	17	16	ARMY	15     [ ]	14 8 8 1	13	12 1 1 [ ]	11 11 11 11 11	10 H H H I	9	8	7 1 1 1	· 68 H [ 1	5	4881	3	2		TEST
ENT PRINTING OFFICE 16—72543-0	60       [ ]]	59 [ ] [ ]	58     [ ]	57	56 fl [ ]	55     [ ]	54       [ ]	53	52       [ ]	51 H L D	50     [ ]	49       [ ]	48     [ ]	47	46     [ ]	STANDARD ANSWER	45 N N N N	44	43 A B [ ]	42	41	40 N N L D	39	38     [ ]	37	36     [ ]	35     [ ]	34     [ ]	33 8 8 6 8	32 N N [ ]	31 A B [ ]	
	=	89	=	87         1 78			1 H	1 H				H H	H		76 N N L N	SHEET	75       [ ]	74	73	==	<b>5</b>	70 H H C H	=	<b>=</b>	=	==	65	ш		62		,
	H H	119    1    1    1    1	=======================================		==	H H	A H	113     [ ]	=======================================		H H	H H	H	#	106			H H		H H	101 A B C B	H	H H	H H	H	==	H	H	93	Ħ	91	

(Field Office or Division) Maw York

(Date) Movember 28, 1962

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C.

Dear Sir:

In continuing my employment in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that I will be governed by the following provisions.

- 1. That the strictly confidential character of any and all information secured by me or coming to my attention in connection, directly or indirectly, with my work as an employee of this Bureau, or the work of other employees of which I may become cognizant, is fully understood by me; and that neither during my tenure of service with the Federal Bureau of Investigation, nor at any time, will I violate this confidence nor will I divulge any information of any kind or character whatsoever that may become known to me to persons not officially entitled thereto, recognizing applicability to me of penalty provisions in case of any violation by me.
- 2. That information referred to in Item 1 above includes but is by no means limited to information in the interests of the defense of the United States marked "Top Secret," "Secret," or "Confidential," and that Department of Justice regulations provide specifically for penalty applicable to me for any violation of Executive Order 10501, the basic authority for safeguarding such information, as follows: "Any officer or employee who violates any provision of Executive Order No. 10501, as amended, or of these regulations shall be subject to appropriate disciplinary action. Prompt and stringent administrative action shall be taken against any officer or employee determined to have been knowingly responsible for any release or disclosure of classified defense information or material except in the manner authorized by these regulations. Whenever a violation of criminal statutes may be involved in a deliberate unauthorized release or disclosure of classified defense information, criminal prosecution, in an appropriate case, shall also be instituted."

I further certify that the conditions specified herein are agreeable to me, and that I continue as an employee of the Federal Bureau of Investigation with a full knowledge of the conditions above set forth.

Very truly yours,

(Signature and Pivile of Position NICHOLAS J. PURCHIA

67-NOT RECORDED
7 JAN 18 1963

3/zin



## UNITED STATES DEPARTMENT OF JUSTICE

#### FEDERAL BUREAU OF INVESTIGATION

SEP 24 1962

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA NICHOLAS T. PURCHIA
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name (primary beneficiary)	Relationship	Date
	WIFE	9-14-62
Address		
91 BLAUVELT STREET, TE.	ANECK, N.J.	
Name (contingent beneficiary, if desired)	Relationship	Date
		b6
Address		, b70
The following person is designated as my benefic beneficiary of agents killed in the line of duty, other than		oviding \$1500 death benefit to
Name (primary beneficiary)	Relationship	Date
	WIFE	9-14-62
Address	1 . , , ,	
91BLAUVELT STREET, TEA	HECK. H. J.	
Name (contingent beneficiary, if desired)	Relationship	Date
Address	or the second se	CATTLE OF THE PARTY OF THE PART
~ ·	Very truly yo	urs &
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	Special Agen	3 mine
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FD-253 (Rev. 3-28-60)



# UNITED STATES DEPARTMENT OF JUSTICE

### FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Washington, D. C.

Federal Bureau of Investigation

United States Department of Justice

WASHINGTON 25, D. C.

JUL 241962

RE: SA NICHOLAS J. PURCHIA
(Type or print plainly)

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Director

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91BLAUVELT STREET, TE	ANECK, M. J.	
The following person is designated as my beneficiary of agents killed in the line of duty, other than tra-	ary under the Chas. S. Ross Fund pr	roviding \$1500 death benefit to
Name	Relationship W/FE	Date b6 7/19/6 2 b70
91 BLAUVELT STREET, TE	ANECK, N.J.	
67-NOT RECORDED	Very truly yours,	
10 AUG 28 1962	Michelas Special Agent	J. Burchiaje!

# PAST SAFE DRIVING RECORD CERTIFICATION

1	NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)		DATE
1	PURCHIA, NICHOLAS J.		1-11-62
湄	DIVISION AND SECTION ASSIGNED	POSITION TITLE	
	41 - NEW Y ORK	SPECIAL AGENT	*
	THIS IS TO CERTIFY THAT I PRESENTLY 🔼 HOLD 🗌 DO NOT HOLD /	A VALID MOTOR VEHICLE OPERATOR'S	PERMIT OR
	PERMIT ISSUED BY:	1	PERMIT EXPIRES
	(STATE, TERRITORY NEW JERSEY POSSESSION, DISTRICT)	2589747	12/64
	THIS IS AN <u>UNRESTRICTED <del>(RESTRICTED)</del> PERMIT. (IEX RESTRICTED XXXX</u> EXE	TAMX&EKOAK	
	THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DE ALLY OWNED) APPROXIMATELY 3000 MILES. DURING THIS TIME TRAFFIC VIOLATION TICKET; (B) I HAVE DE HAVE NOT BEEN HELE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE IN DATES OF OFFENSES.	(A) I [元] HAVE 元 HAVE NOT F O AT FAULT AS THE DRIVER OF A MOT	ECEIVED A . OR VEHICLE
			,
	* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.	1 cholas . Surc SIGNATURE OF OPERATOR	hea'
1	NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIA	AL) POSITION TITLE	DATE
	MARCHESSAULT, WARREN	SUPERVISOR	5-11-
	THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFL OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST  CONTINUOUS SAFE DRIVING RECORD  INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **  I CERTIFY THAT THIS EMPLOYEE IS:  QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OFFICIAL BUSINESS.  NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATION A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEH	T THREE YEARS:  OPERATE MOTOR VEHICLES ON  NS BY SATISFACTORILY PASSING	ONCERNING THE
	** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.	Janus Marches (SIGNATURE OF REVIEWING OFFIC	Jer es auet

		·						<b>≉</b> υ.	S. GOVERN	IMENT PRINT	ING OFFIC	E: 1960—53443
1. Agency ar	nd organizational o	Jesignations						2. Payroll period	ł	3. Block No	) <b>.</b>	4. Slip No.
,	5. Employee's no	ame (and social secu	urity account number when	appropriate)				6. Grade and so	alary	<u></u>		
	#10510	MR. NI	CHOLAS J. I	URCHI	A	SA		GS 13	é	11,67	5	
				PA'	YROLL CHA					·		
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A	. STATE TAX	GROUP LIFE INS.			NET PAY
7. Previous normal					0.01				Lii L. ii to.			
8. New normal												
9. Pay this period												
10. Remarks:								11. Appropriation	(5)	1:	2. Prepared	by
· · · · · · · · · · · · · · · · · · ·	***									1:	3. Audited b	у
	Periodic ste	ep-increase Pay	y adjustment Other st	ep-increase _								
	14. Effective date	15. Date last equincrease	uivalent 16. Old salary	17. New :	salary 18. P	erformance ro	ating is satis	factory or better.				
<u> </u>	9-2-62	3-5-61	\$11,415	\$11,6	75	TOP		(Signature	or other auti	Estimatio ()	oń.	
<i>J</i> .	during follo Period(s):	a (Fill in appropriate owing periods): s LWOP. Total exce		100	PP.	j 1962		heck applicable In pay statu	le box in case s at end of w		•	Initials of Clerk
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10,011

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

b6 b7C

Name of Employc ^e :	NICHOLAS J. OPURCH	IIA #10510	
Where Assigned:	NEW YORK (Division)	INTERNAL SECUR (Section, Unit)	ITY
Official Position Title	SPECIAL AGENT	GS-13	****
Rating Period: from _	APRIL 1, 1962	MARCH 31, 1963	
ADJECTIVE RATING:_	EXCELLENT Outstanding, Excellent	ent, Satisfactory, Unsatisfactory	Employee's Initials
Rated by: Carre WARREN MARCHESSAUL Reviewed by: JOHN F. MALCINE Rating Approved by:	Marchess and Tarkess and Tarkess and Tarkess and Signature  Signature  Signature	SUPERVISOR  ASSISTANT DIRECTOR IN CHARGE  Title  Assistant Director  Title	3/31/63 Date 3/31/63 Date APR 4 1963
1963	TYPE OF  (XX) Official  (XX) Annual	Searched Nu	

#### NARRATIVE COMMENTS

The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION.

UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level. Note:

# FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee NICHOLAS J. PURCHIA	Title SPECIAL AGENT, GS-13
	Rating Period: from 4/1/62 to 3/31/63
+ Outstanding (exceeding excellent and deserving of special commendation Excellent.  ✓ Satisfactory (good or very good).  — Unsatisfactory.  O No opportunity to appraise performance during rating period.  Guide for determining adjective rating:  1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and reverse of Form FD-185.  2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon mechanical formulas; however, for an employee to be rated "Excellent" he mus guide and check-list and must be rated "Excellent" or "Outstanding" on the nadjective rating is reasonable in the light of elements rated.  A. Any element rated "Unsatisfactory" must be supported by narrative comme B. An "official" adjective rating of "Unsatisfactory" must comply with the required.  (1) Personal appearance.  ✓ (2) Personality and effectiveness of his personal contacts.  ✓ (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).  ✓ (4) Physical fitness (including health, energy, stamina).  ✓ (5) Resourcefulness and ingenuity.  ✓ (6) Forcefulness and aggressiveness as required.  ✓ (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  ✓ (8) Initiative and the taking of appropriate action on own responsibility.  ✓ (9) Planning ability and its application to the work.  ✓ (10) Accuracy and attention to pertinent detail.  ✓ (11) Industry, including energetic, consistent application to duties.  ✓ (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  ✓ (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  ✓ (14) Technical or mechanical skills.  ✓ (15) Investigative ability and results:	e should be rated. All employees in same salary grade should be compared.  (B) that each and every rated element be factually justified by narrative detail on on the composite result of evaluating all rated elements rather than following any st not be rated unsatisfactory on any performance evaluation factors on the rating majority of such rating factors. Good judgment must be exercised to insure that ents.  Littements described on the reverse of form FD-185.  (17) Firearms ability.  (18) Development of informants and sources of information.  (19) Reporting ability:  (a) Investigative reports  (b) Summary reports  (c) Memos, letters, wires  (Consider: —conciseness; —clarity; —organization; —thoroughness; —accuracy; —aded uacy and pertinency of leads; —administrative detail.)  (20) Performance as a witness.  (21) Executive ability:  (a) Leadership  (b) Ability to handle personnel  (c) Planning  (d) Making decisions  (e) Assignment of work  (f) Training subordinates  (g) Devising procedures  (h) Emotional stability  (i) Promoting high morale  (j) Getting results  (22) Ability on raids and dangerous assignments:  (a) As leader  (b) As participant  (23) Organizational interest, such as making of suggestions for
(a) Internal security cases  (b) Criminal or general investigative cases  (c) Fugitive cases  (d) Applicant cases  (e) Accounting cases  (16) Physical surveillance ability.	improvement.  (24) Ability to work under pressure.  (25) Miscellaneous. Specify and rate:  Dictation ability
A. Specify general nature of assignment during most of rating period (such as tor, etc.):  SECURITY	s security, criminal, applicant squad, or as Resident Agent, surerisor, instruc-
B. Specify employee's most noteworthy special talents (such as investigator, des	
INVESTIGAT	TOR
<ul> <li>C. (1) Is employee available for general assignment wherever needs of service (2) Is employee available for special assignment wherever needs of service 1.</li> <li>D. 1. Has employee had an abnormal sick leave record during rating period? I for illness) during rating period than the amount of sick leave earned described the content of the</li></ul>	require? Yes(If answer is not "yes," explain in narrative cor naments.)
narrative comments.)	ties? XXX Yes No s valid State or local operator's license for type vehicle he it to use. (b) Is
ADJECTIVE RATING: EXCELLENT  Outstanding, Excellent, Satisfactory, Unsa	atisfactory EMPLOYEE'S INITIALS

GS-13

NICHOLAS J. PURCHIA Special Agent \$12,610

ANNUAL PERFORMANCE RATING March 31, 1963

PART I

GENERAL COMMENTS

Special Agent Nicholas J. Purchia is of average height and build. He dresses in a neat manner and presents a well groomed appearance. He has a likeable personality and gets along well with his fellow employees.

Agent Purchia has been assigned cases involving investigation of Communist front organizations during the rating period. He has shown an exceptional amount of initiative, resourcefulness, force and aggressiveness in the handling of these assignments. He is very enthusiastic and a hard worker. He is the type of agent who constantly applies himself to the best of his ability in any given situation. He readily accepts responsibility and discharges such with no supervision required. He is capable of handling the most complicated investigative matters and produces excellent results. The quality and quantity of the work handled by this agent have always been very high. He is capable of participating in raids and dangerous assignments.

RATING: EXCELLENT



#### PART II SPECIFIC COMMENTS l. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN: NA 2. EXPERIENCE AND ABILITY AS AN INSPECTOR'S AIDE: NA 3. PARTICIPATION IN INFORMANT PROGRAM: This agent assisted another agent in connection with the development of one informant. Further, he has turned over several names to agents working full time on the informant development program in an effort to develop additional informants. TESTIFYING EXPERIENCE AND ABILITY: None during rating period 5. DISCIPLINARY ACTION: NONE ACCOUNTING INFORMATION: 6. NA 7. POLICE INSTRUCTION: NA 8. SOUND TRAINING: NA RESIDENT AGENTS: 9'. NA FOREIGN LANGUAGE ABILITY: lO. NONE ADMINISTRATIVE ADVANCEMENT: 11.

Is agent interested in administrative

Mes 3 19 53 M '63

advancement?

MAN

NO

SAC New York City	A	pril 2, 1963	
Director, FBI		,	
Nicholas J.\\Purchia		٠,	•
SPECIAL AGENT			,
The above-captioned Special	Agent attended t	he following tra	lining cours
In-Service: from $\frac{3/4/03}{3/22/63}$	t	2 3/29/63 <u>3/29/63</u>	*
Criminal	Accounti	ng	
x Security	Expert F	'irearms-Defen	sive Tactio
Basic		1	
Advanced		10g	
	ζ	•	•
The firearms scores should training record (FD-40). The following	owing grades w	ere attained.	ieid iirear.
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March 8, 1963

Mr. Nicholas J. Purchia 91 Blouvelt Street Teaneck. New Jersey

Dear Mr. Purchia:

I am sorry to learn of the passing of your sister, and want to express my sincere sympathy to you and your family.

It is my earnest hope that you will findsome solace in knowing that your friends and associates in the FBI are thinking of you.

Please do not hesitate to call on me if BE-NOT RECORDED there is any way that I can be of assistance.

Sincerely.

J. Edgar Hoover

MAILED 20 - SAC, New York (Personal Attention) MAR 8 1963 SA Purchia returned to his home 3-8-63 due to the death of his sister, Mrs. Victoria Eanni. Instruct Purchia to report to the FBI Academy at Quantico, Virginia, Friday, 3-22-63, to resume his training With the next Advanced Security In-Service class. 1 - SAC, Quantico (Personal Attention) LBIMr. Casper (Personal Attention) REC'D MAN Tolson Belmont _ **CMB** Mohr . Casper 1 Callahan Conrad DeLoach Evans Gale Sullivan Tavel-Trotter Tele. Room Holmes MAIL ROOM TELETYPE UNIT

Circular A-32 (Pv.)	REPORT	OF MEDICAL	EXAMINATIO	- MC	.88-104-01
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15: EXAMINING FACILITY OR EXAMINER, AL	<del></del>	-11	16. OTHER INFORMATIO	, , , ,	
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CLINICAL EVALUATION	N N	OTES (Describe ever	v abnormality in deta	il Enter partinen	t item number before each
NOR- (Check each item in approp		comment.	Continue in item 73 an	d use additional sh	eets if necessary.)
18. HEAD, FACE, NECK AND SCALE		,		•	
19. NOSE	<del></del>		*		Section 1985 F
20. SINUSES	<del></del>				1 2 x x x x x
21. MOUTH AND THROAT			•	•	and the state of the
22, EARS—GENERAL (Int. & ext. can acuity under ite	als) (Auditory				
23, DRUMS (Perforation)	ems 70 and 711	-		*	
24. EYES—GENERAL (Visual acuity under items 59.	and refraction	•			
25, OPHTHALMOSCOPIC	to ana crr			·	
26. PUPILS (Equality and reaction	,	•		% 2°	
27. QCULAR MOTILITY (Associated ments, nysta)		•	•		
28. LUNGS AND CHEST (Include by		ا د د د د د د د د د د د د د د د د د د د		* m = = = = = = = = = = = = = = = = = =	The second second
29. HEART (Thrust, size, rhythm,		( ) N	1 21/2	The code	The state of the s
30. VASCULAR SYSTEM (Varicositi		67 mg re	it exam.	105	1) 1
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34.º G-U SYSTEM		٤.,	,		
35. UPPER EXTREMITIES (Strength, motion).	range of	· · · · · · · · · · · · · · · · · · ·	v -		
36. FEET	12/	36) les Man	- 6 L	let. NS	
37. LOWER EXTREMITIES (Except fee (Strength.)	<del>(1)</del>	stilled Idu	in 2 or	cary y	The second of th
38. SPINE, OTHER MUSCULOSKELE		•	- /		508
39. IDENTIFYING BODY MARKS, SCA	RS, TATTOOS	3	E GA	413/1	7-1-0
40. SKIN, LYMPHATICS		1 Brings		wohed	Mataberon 1
41. NEUROLOGIC (Equilibrium tests	under item 72)	A STANDED	URAW I See	- 2111	1 4 1963
42. PSYCHIATRIC (Specificany person	<del></del>			3 Ju	The second secon
43. PELVIC (Females only) (Check	how done)	REC-13		- marketing and the same of th	A B
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59. DIS	TANT VISION		60.			REFRACT	ION				61.			NEAR VISIO			
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74 SUMMARY OF DEF	ECTS AND DIAGNOSE	S (List dia	ynoses w	ith Item	number	8)								1		Ĩ	, , , , , , , , , , , ,
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78. IF NOT QUALIFIED.	LIST DISQUALIFYIN	G DEFECTS	BY ITEM	NUMBE	R		,					A		В :	- с	-   -	E
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81	8/28/13 YEW YORK CITY  15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS  16. OTHER INFORMATION								est s									
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	VS	WOLLE	N OR P	AINFUL J	OINTS		V	ASTHMA		c	PILES O	R RECT	AL DISEA	NSE	Г	1	DARALYS	51S (Inc. infantile)
1		UMPS					U	SHORTNESS OF BREATH		v	FREQUE	NT OR	PAINFUL	URINATION		w	EPILEPS	Y OR FITS
1	<del>.  </del> ~		ING COL			_	4	PAIN OR PRESSURE IN CHEST		4	KIDNEY	STONE	OR BLOO	DD IN URINE	<u> </u>	4	<u> </u>	AIN, SEA, OR AIR SICKNESS
					EADACHE			CHRONIC COUGH		L	SUGAR (	OR ALB	UMIN IN	URINE	<u> </u>	1		NT TROUBLE SLEEPING
+	_ _	YE TR		FAINTING	SPELLS	_	4	PALPITATION OR POUNDING HEART	_	<u>- ۱</u>	BOILS				<u> </u>	2		OR TERRIFYING NIGHTMARES
- 1				THROAT	TROUBLE	_		CRAMPS IN YOUR LEGS	-	1-	VENERE			OF WEIGHT	-	1		MEMORY OR AMNESIA
	<del>. ان</del>	`	G EARS		INOUBLE	_		FREQUENT INDIGESTION	_	1			RHEUMA		-	<u> </u>	BED WET	
l	<del></del>			REQUENT	COLDS	1	1	STOMACH, LIVER OR INTESTINAL TROUBLE		L	<del>                                     </del>			DEFORMITY	$\vdash$	1/		S TROUBLE OF ANY SORT
- l	<b>7</b> 5	EVERE	тоотн	OR GUM	TROUBLE		<b>V</b>	GALL BLADDER TROUBLE OR GALL STONES		1	LAMENE	SS				1	ANY DRU	JG OR NARCOTIC HABIT
	S	INUSIT	'IS					JAUNDICE		L	LOSS OF	ARM, L	EG, FING	ER, OR TOE		v	EXCESSI	VE DRINKING HABIT
	1	AY FE	VER				6	ANY REACTION TO SERUM, DRUG OR MEDICINE		V	PAINFUL	OR "TRIC	K" SHOUL	DER OR ELBOW		V	HOMOSE	XUAL TENDENCIES
21. HA	VE Y	OU EV	ER (Ch	neck eac	h item)			· -	22.	TEN	MALES ON	LY: A. 1	IAVE YOU	- EVER-	В.	COM	PLETE THE	FOLLOWING:
V			GLASSES			_	2	ATTEMPTED SUICIDE	<u> </u>	<u> </u>	BEEN PE				<u> </u>		ļ	ONSET OF MENSTRUATION
				IFICIAL E	YE		1	BEEN A SLEEP WALKER		<u> </u>	<del> </del>		L DISCHA	-	ļ.,		ļ	L BETWEEN PERIODS
	WORN HEARING AIDS LIVED WITH ANYONE WHO HAD THERECULOSIS  STUTTERED OR STAMMERED COUGHED UP BLOOD			BEEN TREATED FOR A FEMALE DISORDER   DURATION OF PERIODS				<del></del>										
- 1,					CK SUPPORT	$\vdash$	1	COUGHED UP BLOOD  SLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	-	$\vdash$	<del> </del>			RUATION	011	ANTI	<u> </u>	RMAL EXCESSIVE SCANTY
23. HC	W MA	OL YNA	BS HAV		D IN THE	24.	. WHA	AT IS THE LONGEST PERIOD YOU	25.	. WF	AT. IS YOU							(Check one)
PA	ST TH	FIREE Y		E				D ANY OF THESE JOBS? HTHS 16/27577		<i>j</i> =	=B1	AG	SEN	7			RIGHT I	HANDED LEFT HANDED
									أزجا	IJ!	12) [7]							_

67-413797-98

YES	NO	CHECK EACH ITEM YES OR NO. EV	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	1 1/- 1/1/00
	V	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	Had Jaundice in World were
	1/	B. INABILITY TO PERFORM CERTAIN MOTIONS	- tota Cesum
	1/	C. INABILITY TO ASSUME CERTAIN POSITIONS	IL - due no state ou
	L	D. OTHER MEDICAL REASONS (If yes, give reasons)	to at all to the colors
	<b>►</b>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	Had Janualia in World War III - due to State Serum  Had dwerticulitis - Hospitaliza  Recovered
	レ	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	Recovered
	V	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	V	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	V	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	•
	レ	33-HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	V	34- HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	レ	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS. OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	,
	~	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	L	37, HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL. MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	•
	i	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
I AL	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPF E ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  ED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED C	OR PRINT	HIA NICHOLAS JOH SUMMARY AND ELABORATION OF ALL PERTINENT DATA (F	M Micholas F. Surchia
40. PHY	SICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (F	hysician shall comment on all positive answers in items 20 thru 39)
My	feet	ins hefatites a James	die 1942. Hopitalye ferred weeks.
		•	hell prices +
h	- 19	It there was a diagr	resis of diverticulities. Treated on-
De	wa:	tind for about or	e truntt, Well mice
O	THE	RS NOT SIGNIFICANT	
		A	
*	•		
1	1		11 /
-TYPED	-3-	ED NAME OF PHYSICIAN OR EXAMINED	SIGNATURE NUMBER OF ATTACHED SHEETS
_/		SCHENKER, M.D.	U.S. GOVERNMENT PRINTING OFFICE: 1959—O-527655
			0101 0 - 1211 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 100 - 0 - 121 10

## Attachment to Standard Form 88, Report of Medical Exam_{ination} For Information and Guidance of Medical Examiner

Nam (Typ	e of Examinee	D. URCHIA	MICHOLF.	First J6	Midd	le .		
	following portions					l:		
	2 3 4 9 11		14 17 62 65 67		68 69 72 76			
46.	Is necessary unles	ss facilities for	affording same a	e not readily a	^{vai} lable.			
48.	48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.							
49.	Is necessary unles	ss facilities for	affording same ar	e not readily av	^{/ai} lable.			
71.	71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each eqr in the conversational speech range (500, 1000, 2000 cycles).							
For	All Examinees, Wh	nether Clerical o	r Special Agent A	Applicants or E	^{mp} loyees:			
The	medical examiner shou	ld answer the follow	ving question:		15.			
	Examinee 4	is 🗆 is not qu	alified for strenu	ous physicale:	xer _{tion} .			
То	be Answered in the	Case of All Ma	le Employees and	Male Applican	ts:			
1.	Does examinee hav tactics and dangero	ous assignments	stricting or prohi which might enta se specify defect	il the practical	cip _{at} ion in dei . ^{us} e of firearr	ensive ns?		
	Does examinee hav		ohibiting safe op se specify defect		Vehicles?			
	For safe driving of test at least 20:/40 examinee wear corr If recommendation in APPLICABLE	in one eye and ective alasses v	20/100 in the oth	er, corrected or motor vehicle?	uncorrected.	Should		
TOT	Arrus							

67-413797-98 108

REC'D-ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

Height	Small Frame	JUN Medium Frame	Large Frame						
5′ 4″	117 - 125	123 - 135	131 - 148						
5′5″	120 - 129	126 - 139	134 - 152						
5′ 6″	124 - 133	130 - 143	138 - 157						
5′ 7″	128 - 137	134 - 148	143 - 162						
5'8"	132 -> 141	138 - 152	147 - 166						
5′ 9″	136 - 146	142 - 156	151 - 170						
5' 10"	140 - 150	146 - 161	155 - 175						
5′ 11″	144 - 154	150 - 166	160 - 180						
6'	148 - 158	154 - 171	164 - 185						
6' 1"	152 - 163	158 - 176	169 - 190						
6' 2"	156 - 167	163 - 181	174 - 195						
6′ 3″	160 - 171	168 - 186	178 - 200						
6 <b>′</b> 4 <b>″</b>	169 - 180	178 - 196	188 - 210						
6' 5"	174 - 185	182 - 202	192 - 216						

3.	3. Examinee's frame is small medium	[ large
4.	Considering above weight table, the examinee's frame, I consider his present weight Satisfactory	and other individual physical characteristics  Excessive Deficient
5.	. Under proper medical supervision, examinee should	
		gainpounds
Re	Remarks:	
		43)1 6100

(Signature of Medical Examiner)



### UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI, who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT	BOTH COPIES TO TH	IE BUREAU	N.	- '	-
Official Bureau Name (please type or prin		Date	Office of	Assignment (or SOC	Division)
SA N. ICHOLAS J. PURCHIA		3/19/63		VEW YORK	
The following person is designated as m		l Agents Insurance F	'und:	<u> </u>	
Name (primary beneficiary; use given firs	st name if female)		•	Relationship	
				MTER	
Address				- 11 ± ± ±	
91 Bla uvelt Stree	et. Teanack	NT T			
Name (contingent beneficiary, if desired;	use given first name if	female)		Relationship	
nen data een arts dat een a	-	· .	•		. b6
Address			* · ·		b70
		-		· ·	į.
		<del></del>			
The following person is designate	ed as my heneficiary un	der the Chas S Ros	e Fund provi	ding:\$1500 dooth h	anafit ta
beneficiary of agents killed in the line of	duty, other than travel	accidents.	5 I unu provi	,	enemo
	,			•	•
Name (primary beneficiary; use given firs	ut name if female)			Relationship	· · · · · · · · · · · · · · · · · · ·
	o manifo 11 romaro.			Wife	1
Address		<u></u>	·	AATTO	
91 Blauvelt Street	, Teaneck, N.	J. "			
Name (contingent beneficiary, if desired;	use given first name if	female)	,	Relationship	,
	,		1.5	_	
Address				· · · · · · · · · · · · · · · · · · ·	
	<u>v</u>				•
	<u> </u>				
4	*	Very trul	ly yours.		•
,	ē.		,		
Payment Received	-	,	,		7
Special Agents Insurance Fund			n 1 1	$\mathcal{A}$	, ·
	*		a land	s J. Se	AS Chica
APR 2 1963		Special	Agont	1 / X / V	reme
HI (Yes	•	Special 1	ARCHI	$\mathbf{O}^{-}$	ŗ
To a land Director					V A
J. Edgar Honver, Director	* 10 10 4 10 F + 23 E	i			A . 20 8
		7		£	
* * * * * *	, , ,				• 3 *

Cetobor 10, 1068

Ner. John F. Maloce Federal Lurcau of Investigation New York, New York

Mehrenott

Dear Mr. Malono:

I am pleased to commend, through you, the agents in the New York Division who contributed no effectively to the contacts of several highly confidential sources of information of much value to the Eureau in the security field.

The success achieved could not have been attained without the able assistance of the men who participated. The enthusiasm and teamwork exhibited were of the highest calibor and I want you to convey to all my appreciation for a job well done.

#### Sincoroly years,

I - GAC, Now York (Personal Attention)

The Communist Party, Wha, Internal Security-C
Eased on Information submitted. Europa has concluded
individual letters of communistion as you recommended
are not warranted. Place a copy of this letter in files of
particleating personnel.

	ILCOME DUIT	iccij.	a de la companya de l	al a mark to bear	a hada	S 24
Civa: Nice				,		
(16)				<u>.</u>		
Ecsel on moun	a Eatmonar	iner to S	alliyan I	0-1-60 (	and edd	and
Mr. Sallivan 16	1-9-63 and	Administ	trative I	ivicica :	10-0-0	10
*Communict E						
ORDADI			5			

her in 1990ics prepared and attached for files of

(Cvor)

AND TO TOTAL

b6 b7

UNITED STATES GOVERNMENT

### $\it 1emorandum$

TO : DIRECTOR, FBI DATE:

2/28/64

FROM : SAC, NEW YORK

SUBJECT: SA NICHOLAS J. PURCHIA

Authority has been granted to SA PURCHIA to use his personally owned revolver, which is described as follows:

Date of Authority:

Make:

Type:

Caliber:

Bureauggg Serial No.: - New York'

WI:MW (3) -

2/28/64

Smith & Wesson

Bodyguard

.38 340696

1964



### UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

7/23/63

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

EXECUTE IN DUPLICATE AND SUBMIT BOTH CODIES TO THE BUREAU

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, grafuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

ZALCOTE IN DOI EICATE AND SUBMIT BOTH COFTES	TO THE BUKEAU	•
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA NICHOLAS J. PURCHIA The following person is designated as my beneficiary for	7/23/6	3 NEW YORK
Name (primary beneficiary: use given first name if female		Relationship
Addres		W) FE
91 BLAUVELT STREET	- TEANE	CK N.T.
Name (contingent beneficiary, if desired; use given first n	name if female)	Relationship
	· · · · · · · · · · · · · · · · · · ·	
Address		
·		•
Address C. T. C. T	T + T 1	WIFE VECH N. I
91 BLAUVELT STREE Name (contingent beneficiary, if desired; use given first n	name if female)	Relationship
Address	3	- 1-
	Very	truly yours,
Payment Received Special Agents Insurance Fund		Icholas J. Surchia
AUG 1 2 1963	Specia	al Agent J. X) We Chica
67-NOTILEGACHOVER DIEGO		<b>3.</b>
84 SEP 12 1963		3.ecd



#### UNITED STATES GOVERNMENT

### Témorandum

Director, FB	Į.
Various III	
FROM : SAG. NEW	YORK

DATE: 5/29/63

Attention: Personnel Section

SUBJECT: NICHOLAS JOHN

SPACIAL AGENT

PHYSICAL EXAMINATION

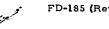
Remylet	·
ReBulet	
Re physical examination 4/9/63     Dental work was completed on 5/27/63     Vision has been corrected to by (name of person giving instruction) only when wearing the necessary glasses.	Employee specifically instructed that he can operate a Bureau car
Results of chest X ray patch test urinalysis serology	
Enclosed physician's statement indicates he is qualified for strenuous	physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.	
Attached are Bureau of Employees' Compensation forms	•
Physical examination reports are enclosed.	
Employee is scheduled for physical examination on	
Physical examination report has been reviewed and initialed.	
Employee returned to active duty	·
Employee's physical condition is	
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
	1

Remarks:

ZNCLOSURE A LANGE JUN 131963

EJM: ad (2)

Medical Spicorolling



# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

**b**6 b7C

REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J. PURCI	#1A #069-16-640	07
Where Assigned:	NEW YORK (Division)	INTERNAL SE	CURITY
Official Position	Fitle and Grade: SPEC	IAL AGENT GS-13	
Rating Period: from	April 1, 1963	to <u>March 31, 196</u>	4
ADJECTIVE RATING	EXCELLENT  Outstanding, Excellent	C nt, Satisfactory, Unsatisfactory	Employee's Initials
Rated by: Work WARREN MARCHESSAULT	in Marchesau Signature Asha 7 Malore	LE SUPERVISOR  Title  ASSISTANT DIRECTO IN CHARGE	
JOHN F. MALONE  Rating Approved Malone	Signature  Signature	Title  Assistant Director Title	3/31/64 Date  APR 9 1964  Date
	TYPE OF IX Official  IX Annual	Administrativ	PR   6 1964 2 3

### PERFORMANCE RATING GUDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Nan	ne of EmployeeNICHOLAS J. PURCHIA	SPECIAL AGENT, GS-13
		Rating Period: from 4/1/63 to 3/31/64
Guid 1. '	Rate items as follows: Outstanding (exceeding excellent and deserving of special commendation) Excellent. Satisfactory (good or very good). Unsatisfactory. No opportunity to appraise performance during rating period. de for determining adjective rating: "Outstanding" adjective rating requires (A) that all rated elements be "+" and reverse of Form FD-185. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend up mechanical formulas; however, for an employee to be rated "Excellent" he mus	e should be rated. All employees in same salary grade should be compared.  n).  (B) that each and every rated element be factually justified by narrative detail on on the composite result of evaluating all rated elements rather than following any st not be rated unsatisfactory on any performance evaluation factors on the rating majority of such rating factors. Good judgment must be exercised to insure that ents.
	(1) Personal appearance. (2) Personality and effectiveness of his personal contacts. (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). (4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. (8) Initiative and the taking of appropriate action on own responsibility. (9) Planning ability and its application to the work. (10) Accuracy and attention to pertinent detail. (11) Industry, including energetic, consistent application to duties. (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. (14) Technical or mechanical skills. (15) Investigative ability and results:  1 (a) Internal security cases  2 (b) Criminal or general investigative cases  2 (c) Fugitive cases  2 (d) Applicant cases  2 (e) Accounting cases (16) Physical surveillance ability.	(17) Firearms ability.  (18) Development of informants and sources of information.  (19) Reporting ability:  (a) Investigative reports  (b) Summary reports  (c) Memos, letters, wires  (Consider: — conciseness; — clarity; — torganization;  — thoroughness; — accuracy; — tadequacy and pertinency of leads; — administrative detail.)  (20) Performance as a witness.  (21) Executive ability:  (a) Leadership  (b) Ability to handle personnel  (c) Planning  (d) Making decisions  (e) Assignment of work  (f) Training subordinates  (g) Devising procedures  (h) Emotional stability  (i) Promoting high morale  (j) Getting results  (22) Ability on raids and dangerous assignments:  (23) Organizational interest, such as making of suggestions for improvement.  (24) Ability to work under pressure.  (25) Miscellaneous. Specify and rate:  — Dictation ability
A.	tor, etc.):	s security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-
B.	Specify employee's most noteworthy special talents (such as investigator, des INVEST	LTY sk man, research, instructor, speaker): LIGATOR
C.	(1) Is employee available for general assignment wherever needs of service (2) Is employee available for special assignment wherever needs of service and the service of service of service and the service of servic	require? Yes (If answer is not "yes," explain in narrative comments.) require? Yes (If answer is not "yes," explain in narrative comments.)
D.	1. Has employee had an abnormal sick leave record during rating period? Leave earned do narrative comments.)	2. Has employee used more sick leave (including annual leave or LWOP uring such period? (If answer to either question is "Yes," explain in
E.	Is employee qualified to operate a motor vehicle incidental to his official dut If answer is "yes," personnel file must reflect the following: (a) Has physically fit to drive. (c) Past safe driving record OK or has passed E	ties? X Yes No s valid State or local operator's license for type vehicle he is to use. (b) Is Bureau road test.
	ADJECTIVE RATING: EXCELLENT	EMPLOYEE'S INITIALS
	Outstanding, Excellent, Satisfactory, Unsa	atisfactory

#### PART I

#### GENERAL COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

This Agent is of average height and build. He dresses in a very neat manner and presents a well-groomed appearance. He has a fine personality and is well liked by his fellow employees.

- 2. ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS:
  This Agent is capable of handling the more complicated
  - This Agent is capable of handling the more complicated investigative matters.
- 3. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

This Agent is able to participate in raids and dangerous assignments.

4. ANY LIMITATIONS ON AVAILABILITY; ANY PHYSICAL LIMITATIONS
AFFECTING PERFORMANCE:

None.

5. SUMMARY OF INCENTIVE AWARDS AND COMMENDATIONS:

The Director by letter dated October 16, 1963, commended Agents of the NYO who contributed so effectively in the contacts of several highly confidential sources of information of much value to the Bureau in the security field. SA PURCHIA participated in this

6. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL assignment.

This Agent has been assigned cases involving investigation of Communist front organizations, especially involving the Jewish field. He has shown above-average amount of initiative, resourcefulness, force and aggressiveness in the handling of these assignments. He is the type of Agent who constantly gives his very best to his investigative efforts and is always available for extra assignments. He readily accepts responsibility and discharges

RATING: EXCELLENT

NAP

#### 6. (Cont.)

such with a minimum of supervision. He is a very loyal employee and of the type that can be depended upon to do an outstanding job.

#### PART II

#### SPECIFIC COMMENTS

- 1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN:
- 2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:
- 3. PARTICIPATION IN INFORMANT PROGRAMS:
  Although this Agent has not developed any informants during the rating period, it must be understood that he has the type of cases which present almost an unsurmountable problem in developing
- 4. TESTIFYING EXPERIENCE AND ABILITY: (See next page)

None during rating period.

5. <u>DISCIPLINARY ACTION:</u> (Including items taken into consideration on rating guide and check list.)

None

6. ACCOUNTING INFORMATION:

NA

7. POLICE INSTRUCTION:

NA

8. SOUND TRAINING:

NA

#### 3. (Cont.)

informants. He has interviewed and assisted in interviews of numerous individuals for the purpose of developing an informant but this has met with negative results. He is very alert to the need for informants and is expending appropriate effort along this line.

#### 9. RESIDENT AGENTS: NA FOREIGN LANGUAGE ABILITY: 10. None 11. ADMINISTRATIVE ADVANCEMENT: No/ No Agent is interested in administrative Yes advancement. (b) Agent is completely available for Yes No administrative advancement. (c) Agent is considered completely Yes No_____ qualified at present for administrative advancement, including experience, ability, personality and appearance. (d) If answer to (c) is "yes," Agent's qualifications considered very good____, excellent , outstanding ..... If answer to (c) is "no," Agent Yes No considered to have potential for (e) future administrative advancement. (If applicable, explanatory comments required.)

not



## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO TH	E BUREAU	
Official Bureau Name (please type or print)	Date O	ffice of Assignment (or SOG Division)
SA NICHOLAS J. PURCHIA	2/6/64	NEW YORK
The following person is designated as my beneficiary for Special	Agents Insurance Fund	
Name (primary hopeficiony use given first name if female)		Relationship WIFE
91 BLAUVELT STREET, To		NEW JERSEY
Name (contingent beneficiary, if desired; use given first name if	female)	Relationship
Address		
The following person is designated as my beneficiary und beneficiary of agents killed in the line of duty, other than travel	ler the Chas. S. Ross Fu	and providing \$1500 death benefit to
Name (primary henéficiary: use given first name if female)	•	Relationship WIFE
91BLAUYELT STREET,	TEANECK,	HEW SERSEY
Name (contingent beneficiary, if desired; use given first name if	female)	Relationship
Address		
	Very truly yo	ours,
Special Agents Insurance Fund	nich	Jolas J. Surchia
FEB 1 8 156.	Special Ager	at S
67-NOT PREda That explored for		3-ecd

7C

LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
to the state of the bit of the bi	3. TOM OSE OF EXAMINATION	
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190113 NEWYORK LITY	- *************************************	
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	ry abnormality in detail Enter pert. Continue in item 73 and use additions	al sheets if necessary.)
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20. SINUSES		
21. MOUTH AND THROAT		
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28 LUNGS AND CHEST (Include breaks)	11than of Klins	ulter so
29. HEART (Thrust, size, rhythm, sounds)	,	,
30. VASCULAR SYSTEM (Variconties, etc.)		
31. ABDOMEN AND VISCERA (Include hernia)		
32 ANUS AND RECTUM Alemorrhoids, retulnes directual dire		
33. ENDOCRINE SYSTEM	7 (	25
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36. FEET	2 - , 3, 100	1.
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38. SPINE, OTHER MUSCULOSKELETAL	61-4137	97-101
39 IDENTIFYING BODY MARKS SCARS, TATTOOS		inmbered 37
40. SKIN, LYMPHATICS		
41. NEUROLOGIC & pathbrium tests moter dem		118 150.
1 41. NEUROLOGIC Lipatherium tests under dem 4 42. PSYCHIATRIC (Specify and personality deration)	- Ai	
43. PELVIC (Females only, Check how done REC-	132 TREE 1	N
□ VAGINAL □ RECTAL	(Continue in trem 73)	·
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-Restorable teeth X-Missing teeth -Nonrestorable teeth XXX-Replaced by dentures	"Ny Fixed bridge, brackets to include abut ments	
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SEROLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE AND RH	50. OTHER TESTS	100 100000
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	ار	WHOO	PING CO	UGH			1	PAIN OR PRESSURE IN CHEST		i	KIDNE	Y STONE	OR BLO	DD IN URINE		1	CAR, TR	IN, SEA.	OR AIR SICKNESS
	1	FREQU	ENT OR	SEVERE	HEADACHE			CHRONIC COUGH		L	SUGAI	R OR ALB	UMIN IN	URINE		V	FREQUE	T TROUE	LE SLEEPING
	4	DIZZIN	ESS OR	FAINTIN	G SPELLS		V	PALPITATION OR POUNDING HEART		V	BOILS				Π	ı	FREQUENT	OR TERRI	FYING NIGHTMARES
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	1	EAR, N	IOSE OR	THROA	T TROUBLE		ارا	CRAMPS IN YOUR LEGS		i	RECEN	NT GAIN (	OR LOSS	OF WEIGHT	Π	C	LOSS OF	MEMORY	OR AMNESIA
	V	RUNNI	NG EARS	;	4		V	FREQUENT INDIGESTION		2	ARTH	RITIS OR	RHEUMA	TISM		4	BED WET	TING	
	1	CHRO	NIC OR F	REQUEN	T COLDS		L	STOMACH, LIVER OR INTESTINAL TROUBLE		2	BONE.	JOINT, C	R OTHER	DEFORMITY		1	NÉRVOU:	S TROUBI	E OF ANY SORT
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	HO!	INKEE	YEARS?	_				D ANY OF THESE JOBS?									RIGHT	HANDED	LEFT HANDED

ENCLOSURE 413 797-101



YES	NO	CHECK EACH ITEM YES OR NO. EV	ERY ITEM CHECKED "YES" MUST BE FULLY EXPL	AINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	0 : 4 0+	1
	1	A, SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	1) westiculation	- may, 1956.
	0	B. INABILITY TO PERFORM CERTAIN MOTIONS	16	
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	Divertulation Hospitalized - a	bout 2 weeks.
3	⁄_ن	D. OTHER MEDICAL REASONS (If yes, give reasons)	. ' 0	
•	i	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?		
-		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)		2
``	_	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	*	ć
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	,	
ę	-	32: HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	ā	
36	6	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR. IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	* <b>.</b>	,
/		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)		`
	<i>\\</i>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	¥r.	
	./	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)		مىنىنىنىنىنى
	~	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	۸	Annual Control of the
	-	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)		
	~	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)		-
OF PROC	THORIZE CESSING OR PRINT	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE. ED NAME OF EXAMINEE	O ABOVE TO FURNISH THE GOVERNMENT A COMPLET	TO THE BEST OF MY KNOWLEDGE. E TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
10. PHY	CHO	LAS J. PURCHIA SUMMARY AND ELABORATION OF ALL PERTINENT DATA (P	hysician shall comment for all positive answers in (it	ms 20 thru 59)
llli	af	childhood info	tions. no pare	elæ.
her	Ers	Clarsof for rea	adnij.	1 1-7
Spe	ilor	1) diverticulitis	for had he lo	so hospitalized
2	(New	s not significant afec	no recurence hepatitis à prinde	e 1942. No squelas
	. بود .	<i>U</i>	$\frac{1}{2}$	
TYPED	OR PRINT	TED NAME OF PHYSICIAN OR EXAMINE DATE	ar 64 SIGNATURE Men.	NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1959—O-527655

#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Namo	of Examinee	VRCHIA	NICHOLA	AS JOHTY
	or print)	Last	First	Middle
The i	following portions	of the attached examina	tion report form need not	be completed:
	2	14		68
	3	17		69
	4	62		72
	9 11	· 65		76
46.	Is necessary unles	s facilities for affording	g same are not readily a	vailable.
	Not required unless desirable.	s examinee is over 35 ye	ears of age or examinati	on indicates such is
49.	Is necessary unles	s facilities for affording	same are not readily av	vailable.
	applicants and Spe accepted if the hea	ations should be afforderial Agents. Applicant aring loss exceeds a 15 ange (500, 1000, 2000 cy	s for the Special Agent ; decibel average in each	position will not be
For	All Examinees, Wh	ether Clerical or Specia	l Agent Applicants or E	mployees:
The n	nedical examiner shoul	ld answer the following quest	ion:	
	Examinee 🗖 i	s · 🔲 is not qualified f	or strenuous physical e	xertion.
To b	e Answered in the	Case of All Male Emplo	yees and Male Applican	ts:
		e any defects restricting us assignments which m		
	✓No □Yes	If "yes" please speci	fy defects.	
-				
2. I	Does examinee have	e any defects prohibiting	g safe operation of moto	r vehicles?
	□ No □ Yes	If "yes" please spec	fy defects.	
t e	est at least 20:/40 examinee wear corr	motor vehicles, Civil Se in one eye and 20/100 i ective glasses while ope s based on a factor othe	n the other, corrected or erating a motor vehicle?	uncorrected. Should Yes No
				<i>4</i>
		المناها	67413 797	-101

#### REC'D - AGMIN. DIV. F & I

Desirable Weight Ranges for Males 201

	IIII I 17 00 PM 'Fu								
Height	Small Frame	JUN 1 12 00 PM '64 Medium Frame	Large Frame						
5′ 4″	117 - 125	123 - 135	131 - 148						
5′ 5″	120 - 129	126 - 139	, 134 - 152						
5′ 6″	124 - 133	130 - 143	138 - 157						
5′ 7″	128 - 137	134 - 148	143 - 162						
5′8″	132 - 141	138 - 152	147 - 166						
5′ 9″	136 - 146	142 - 156	151 - 170						
5' 10"	140 - 150	146 - 161	155 - 175						
5 <b>'</b> 11 <b>"</b>	144 - 154	150 - 166	160 - 180						
6 <b>'</b>	148 - 158	154 - 171	164 - 185						
6' 1"	152 - 163	158 - 176	169 - 190						
6′ 2 <b>″</b>	156 - 167	163 - 181	174 - 195						
6′ 3″	160 - 171	168 - 186	178 - 200						
6′ 4″	169 - 180	178 - 196	188 - 210						
6 <b>′</b> 5″	174 - 185	182 - 202	192 - 216						

ŧ.	Examinee's frame is small medium	LΔ lαrge	
5.	Considering above weight table, the examinee's frame I consider his present weight Satisfactory	e, and other individual physical characteristics  Excessive  Deficient	3
ŝ.	Under proper medical supervision, examinee should	losepounds	
		gainpounds	
Re	emarks:		-
			_
		And a land	

(Signature of Medical Examiner)

6Mar, 64

(Date)

### FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTI

REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J.	PURCHIA	069-16-64	07
Where Assigned:	NEW YORK (Division)	CTAL ACENT	INTERNAL (Section, Unit)	SECURITY
Official Position Title  Rating Period: from	APRIL 1, 19	CIAL AGENT  64 to	GS-13 MARCH 31,	1965
ADJECTIVE RATING:	EXCELLENT Outstanding, E	Excellent, Satisfac	ctory, Unsatisfactory	Employee's lnitials 
Rated by: Warren WARREN MARCHESSAU Reviewed by: JOHN F. MALONE Rating Approved by:		ASS:	ERVISOR Title ISTANT DIRECTO CHARGE Title Assistant Director	3/31/65 Date  R 3/31/65 Date  APR 5 106
	TYI	PE OF REPORT	T	
APR 7 1965	X Official	<u> </u>	67-413 Special 797	

# REFORMANCE RATING SIDE FOR INVESTIGATIVE PERSONNEL

( For use as attachment to Performance Rating Form No. FD-185)

Name of Employe	ee NICHOLAS J	• PURCHIA	Titla SPECIAL AGENT, GS-13			
			Inic			
<del></del>			Rating Period: from 4/1/64 to 3/31/65			
E Excellen  Satisfacte Unsatisfa No oppor Guide for determi 1. "Outstanding" reverse of Forr	ory (good or very good). actory. rtunity to appraise performance gining adjective rating: ' adjective rating requires (A) that me TD-185.	erving of special commendation during rating period.  all rated elements be "\(+\)" and	should be rated. All employees in same salary grade should be compared			
(1) Pers. (2) Pers. (3) Attit en (4) Phys. (5) Reso (6) Forc. (7) Judg (8) Initia re. (10) Acc. (11) Indu. (12) Prod. (13) Know cl. (14) Tecl (15) Ipves. (16) Phys.	onal appearance. onality and effectiveness of his to take (including dependability, cool thusiasm, amenability and willing ork load). sical fitness (including health, engurcefulness and ingenuity. Sefulness and aggressiveness as rement, including common sense, includions, ability to define object at the taking of appropriative and attention to pertinent distry, including energetic, consistentively, including amount of activity, including	ersonal contacts. perativeness, loyalty, gness to equitably share ergy, stamina).  quired. bility to arrive at proper ives. the action on own  to the work. letail. the application to duties. the application to duties. the application to meet is oyee's control. the and regulations, in- the and "know how" of	(17) Firearms ability. (18) Development of informants and sources of information. (19), Reporting ability:  (a) Investigative reports (b) Summary reports (c) Memos, letters, wires (Consider: conciseness; clarity; organization; thoroughness; accuracy; adequacy and pertinency of leads; administrative detail.) (20) Performance as a witness. (21) Executive ability:  (a) Leadership (b) Ability to handle personnel (c) Planning (d) Making decisions (e) Assignment of work (f) Training subordinates (g) Devising procedures (h) Emotional stability (i) Promoting high morale (j) Getting results (22) Ability on raids and dangerous assignments:  (a) As leader (b) As participant (23) Organizational interest, such as making of suggestions for improvement. (24) Ability to work under pressure. (25) Miscellaneous. Specify and rate: Dictation ability			
A. Specify gene tor, etc.)	eral nature of assignment during	most of rating period (such as	security, criminal, applicant squad, or as Resident Agent, supervisor, instruc-			
	SE ₅	CURITY				
B. Specify emplo	oyee's most noteworthy special tall tall tall tall tall tall tall t	lents (such as investigator, desl VESTIGATOR	x man, research, instructor, speaker):			
C. (1) Is employ	C. (1) Is employee available for general assignment wherever needs of service require? Yes(If answer is not "yes," explain in narrative comments.)  D. 1. Here are least to the comments of the comments.)					
for illness)	D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP narrative comments.)  The semployee had an abnormal sick leave record during rating period? NO (If answer to either question is "Yes," explain in narrative comments.)					
E. Is employee of If answ physical	qualified to operate a motor veh- ver is "yes," personnel file must ^{ic} lly fit to drive. (c) Past safe driv _{j:}	cle incidental to his official duti reflect the following: (a) Has ng record OK or has passed Bu	es? XX Yes No valid State or local operator's license for type vehicle he is to use. (b) Is areau road test.			
ADJECTIVE	ERATING: EXCELI	ENT	Supple states			

#### NARRATIVE COMMENTS

#### 1. PERSONAL APPEARANCE AND PERSONALITY:

This Agent is of average height and build. He dresses in a very neat manner and presents a well-groomed appearance. He has a likeable personality and meets people well.

#### 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

Although this Agent has not participated in raids and dangerous assignments, he is capable of doing so.

### 3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION</u>:

None

# 4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

Agent Purchia has been assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. This agent is far above the average. He is well experienced in this type of investigation and does a superior job on all the cases he investigates. He is above the average in initiative, resourcefulness, force and aggressiveness. He is most loval and has an outstanding attitude. He is always willing to be of assistance and is most cooperative. He readily accepts responsibility. He is capable of handling the most complicated investigative matters with a minimum amount of supervision. He is an extremely loyal agent and can always be depended upon to do an outstanding job. He is the type of agent that a supervisor enjoys having on his section when the work gets heavy and the job gets tough.

None

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

None

#### 7. PARTICIPATION IN INFORMANT PROGRAMS:

This agent is handling the type of cases concerning which the development of informants is most difficult. He has made diligent efforts and has been successful in developing a Panel Source.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during rating period.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

. APP

### 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13.	<u>F0</u>	REIGN LANGUAGE ABILITY: None		,
	Cor Flu pro	nguage in which proficient		
		<u>Language</u> <u>Read</u> <u>Write</u>	<u>Speal</u>	<u>Understand</u>
1			٠	
,	Fre	quency language ability used during rating per	riod:	
	Fre	quency of use of language ability anticipated	during ens	uing year:
14.	<u>AD</u>	MINISTRATIVE ADVANCEMENT:	•	
	(a)	Agent is interested in administrative advancement.	☐ Yes	₩¥ No
		Agent is completely available for administrative advancement.	*	□ No
		Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance.	☐ Yes	□ No
	(d)	If answer to (c) is "Yes," Agent's qualifications considered very good excellent outstanding		
	(e)	If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable,	•	
		explanatory comments required.)	☐ Yes	□ No .



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee will recommend appropriate action to the Director in pertinent matters. keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICA	TE AND SUBMIT BOTH COPIES TO				
Official Bureau Name (p	lease type or print)	Date	Office of Assig	nment (or SOG Divisi	ion)
SA MICHOLA.	S J. PURCHIA	3-10-65	HEW	YORK	,
The following person is	designated as my beneficiary for Spe	cial Agents insurance r	una:		<del></del>
Name (primary beneficiar	ry: use given first name if female)	•	Rel	ationship	p6
			* 4	WIFE	. b70
Address		· · · · · · · · · · · · · · · · · · ·			•
91 BLAUVEL	T STREET, TEAME	CK, MIJ.			
Name (contingent benefit	ciary, if desired; use given first name	e if female)	Rel	ationship	*
aramo rodnomBono ponom			or to		
Address		· · · · · · · · · · · · · · · · · · ·			•
Address	•		•	,	
				<del></del>	
Do you desire to designa	ate the above-listed beneficiaries at	the beneficiary and cont	ingent beneficiar	y respectively of the	
Chas. S. Ross Fund as	well? 🔀 Yes 🔲 No If not, ^{ti}	ne entire following portion	on must be execut	ed.	. *
		y under the Chee C Dee	a Francisca	\$1500 J L C	
The following pe	rson is designated as my beneficie ^{ny}	y under the Chas. S. Nos avel accidents.	s rund providing	willow death benefit i	to
beneficiary of agents kill	lled in the line of duty, other than	•	4	•	
			Pal	ationship	<del> </del>
Name (primary beneficia	ry; use given first name if female)		ıveı	arionanib	
				# · , · · · ·	
Address	c)		3.44	•	
- \	<u> </u>		,		Ţ.
Name (contingent benefi	ciary, if desired; use given first nam	e if female)	Rel	ationship	
· · · · · · · · · · · · · · · · · · ·		•		-	•
Address			· · · · · · · · · · · · · · · · · ·	* (9)	
Address	* ·				*
*	Payment Received	Very trul	ly yours,		,
4	Payment Rece Special Agents lineurand	ie ruia		<u>.</u>	* *
•	Till Still I I South			*	
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	MAR 1 3 1003		holas V.	Kusch	0_
	MAR 1 3 1965		liolas J -	Surch	0-

වී-ecd

FORM 3-542 (6-17-63) APPROVED COMP. N. U.S. 4-5-63 IN LIEU OF St 1126



NAME: LAST, FI	RST, MIDDLE					SOCI	AL SECURITY	NUMBER
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CODE - NATURE C	F ACTION,				EFFECTIVE DA	TE	DATE OF LA	STEQUIV. INC
892 - 0	QUALITY INCREASE		896 - ADMIN	, PAY INCREASE				
893 - 1	WITHIN GRADE INCREASE		897 - ADMIN	. PAY DECREASE				
	PAY ADJUSTMENT			FY IN REMARKS)	lugui aita			, /
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# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

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The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

## EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU Official Bureau Name (please type or print) Office of Assignment (or SOG Division) J. YURCHIA The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary; use given first name if female) Relationship Address 91 BLAUVELT STREET, TEAN Name (contingent beneficiary, if desired; use given first name if female) Address The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents. Name (primary beneficiary; use given first name if female) Address 91 BLAUVELT STREET, TEAMECK, M.J. Name (contingent beneficiary, if desired; use given first name if female) Address Very truly yours, Payment Received Special Agents Insurance Fund MAY23 LUC 3-ecd

2 JUN 17 1964

UNITED STATES GOVERNMENT

# Memorandum

TO	
_	

: Director, FBI

DATE:

5/28/64

: SAC, NEW YORK

Attention: Personnel Section

SUBJECT: SA NICHOLAS J. PURCHIA

	_
Remylet	
ReBulet	
•	
Re physical examination 3/16/64	•
Dental work was completed on	•
Vision has been corrected to	. Employee specifically instructed
hv	_that he can operate a Bureau car
(date) by	
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis serology	were negative.
Enclosed physician's statement indicates he is qualified for strenuous	
Enclosed are paid unpaid medical bills.	
Attached are Bureau of Employees' Compensation forms	
	•
Physical examination reports are enclosed.	
	<b>S</b>
Employee is scheduled for physical examination on	`
Physical examination report has been reviewed and initialed.	
Employee returned to active duty	•
Employee's physical condition is	<del></del> •
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
Remarks:	•
Remarks:	
,	
•	
All and Annie	
Mild external hermorrhoids. Not significant. Pes Planus, 2-3° - bilateral.	
Pes Planus, 2-3° - bilateral.	
	ORDED
William 1 th and the second	RECOM
Enc - 1	NOT
"	67-NOT RECORDED
Pes Planus, 2-3° - bilateral.  Enc - 1	
EJM: ARD	25 /
(2)	
/ 35	- h N
0.MN 8 1964	<i>~</i> ,
E NEW COUNTRY OF TWO IN INC.	*

scular A-32 (Rev.)	EXAMINAL
TOTAST NAME-FIRST NAME-MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION 3. IDENTIFICATION NO.
FORTHIS NICHELAS JOHN	
1. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION
As similar traditions from the state of the	
CANTEL TO THE STATE OF TEXASON I	15 margaritha 3 1 miles
IDANOVEAL SINKEL, IEMMERNI	ANNUML 2-1-65
7. SEX 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY 11. ORGANIZATION UNIT
MILITARY TURS - POST CIVILIAN / 8 YRS - 2	MS FBI
2. DATE OF BIRTH 13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
	A
Si was a second and the second and t	The second of th
2-25-15 17C 86 3 6 51 6	16 amiles missay keeps
EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USAH, FT. JAY	
RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)
CLINICAL EVALUATION NOTES. (Describe ever	y abnormality in detail. Enter pertinent item number before each ontinue in item /1 and use additional sheets if necessary.)
OR. (Check each item in appropriate col- ABNOR- comment. C	ontinue in item /3 and use additional sheets if necessary.)
	The second secon
18. HEAD, FACE, NECK, AND SCALP	21 to and former verters
19. NOSE	The state of the s
20. SINUSES	and have to obside to come
21. MOUTH AND THROAT	Manyer of A All the said
22. EARS—GENERAL (Int. & ext. canals) (Auditory	the formation of the same with
23. DRUMS (Perforation)	
24. EYES-GENERAL Wiseal acuity and refraction 22. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Jederming tilling in the
25. OPHTHALMOSCOPIC	
26. Pupils (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel more-	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	T.
30. VASCULAR SYSTEM (Varicosilles, elc.)	
31. ABDOMEN AND VISCERA (Include hernia)	,
32. ANUS AND RECTUM (Hemorrholde, Astulae) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	The state of the s
35. UPPER EXTREMITIES (Strength, range of	, , , , , , , , , , , , , , , , , , , ,
36. FEET	187-1L12790
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	7/3/19-1031
38. SPINE, OTHER MUSCULOSKELETAL	C-140 Dements Spring Co
	and the state of t
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	1 APR 19 1965
40. SKIN, LYMPHATICS	
41. NEUROLOGIO (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	STATE OF THE STATE
43. PELVIC (Females only) (Check how done)	
VAGINAL PRECTAL	(Continue in item 73)
DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respect	
	ively.)  REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  X8)—Fixed bridge, brackets to
0—Restorable teeth X—Missing teeth (6   -Nonrestorable teeth XXX—Replaced by dentures	include abutments
R	
1 1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16 E
H 32 31 30 29 28 27 26 25 24 23 22 21	20 19 17 F
	ILE APAY HOSPITAL
LABORATORY FIND	
THE PARTY OF THE P	46. CHEST COR KPUA Voje, New Youmber and Nouth
	and the fire most date into normal min saget
ALBUMIN D. MICROSCOPIC	12/11 Non 12 Mar 15
	2/11 /cg 1/ Mar 65 .
SEROLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
- Marianis INVAC	The same of the sa
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a compadizione la	
O APRESTON !	A
The second of th	· · · · · · · · · · · · · · · · · · ·

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-		MEASUREMEN	ITS AND OTHER	FINDINGS		
SI, HEIGHT 52. WEIGHT	53, COLORDIA	SI. COLOR E		: SLENDER	MEDIUM HEAT	VY OBESE SS. TEMPERATUR.
57. BLOOD PRESSURE (A		58		<u> </u>	1 0	· · · · · · · · · · · · · · · · · · ·
					LSE (Arm at heart le	
SITTING PECUM.	SYS. C. STANDII DIAS. (3 min	(G	SITTING B	AFTER EXÉRCISE	C. 2 MIN. AFTER	D. RECUMBENT E. AFTER STANDING
59. DISTANT VISION ?	60.	REFR	ACTION	,	61.	NEAR VISION
RIGHT 20/ CORR. TO 20/	ВУ	s.	C>	ζ	J // CORR	TO 87 BY 422
LEFT 20/ CORR. TO 20/	BY.	S.	3 CX	{	7, CORR	10 7/ 9/221
62. HETEROPHORIA (Specify distance)	R. H.	L'H.	PRISM DIV.	, PRISM	CONV.	PC PD
63. ACCOMMODATION	64. COL	OR VISION (Test used	and result)	65 ₋₀ DE	PTH PERCEPTION	UNCORRECTED
RIGHT LEFT	17	3 BBC 1	# =/ P/V	Rose of (T	est used and score)	CORRECTED
66. FIELD OF VISION	67, NIGI	IT VISION (Test used o			LENS TEST	69, INTRAOCULAR TENSION
						FTA
TO. HÉARING	71.		AUDIOMETER		72, PSYCHOL	OGICAL AND PSYCHOMOTOR
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74. SUMMARY OF DEFECTS AND DIAGNOS	ES (Tiet diagraphs en)		touer succes il seccess	ary)	* * *:	
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75. RECOMMENDATIONS—FURTHER SPEC	ALIST EXAMINATIONS	NDICATED (Specify)			76.	A. PHYSICAL PROFILE
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77. EXAMINEE (Check)	<u> </u>					
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74. IF NOT QUALIFIED. LIST DISQUALIFYI	NG DEFECTS BY ITEM I	IUMBER		- <u> </u>	. A	3 C E
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82. TYPED OR PRINTED NAME OF REVIEWS	NG OFFICER OR APPRO	ING AUTHORITY	SIGN	IATURE	* ;	NUMBER OF AT- TACHED SHEETS
\$			7		U.S. Gover	NMENT PRINTING OFFICE: 1763—0-711-30

18, FAMILY HISTORY

AGE

RELATION

RELATION(S)

19. HAS ANY BLOOD RELATION (Parent, brother, sister, other)
OR HUSBAND OR WIFE

YES NO (Check each item) RELATION

#### REPORT OF MEDICAL HISTORY

) CINCOLAR A-S		M IS FOR OF	FICIAL USE ONLY AND WILL NOT		RIZED PERSONS	•	
1. LAST NAME-FIRE	ST NAME-MIDDLE NAME	+		2. GRADE AND COMPO	NENT OR POSITION	3. IDENTIFICATION	NO.
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4. HOME ADDRESS	(Number, street or RFD, city	or town, zone and	i Stale)	5. PURPOSE OF EXAMI	NATION	6. DATE OF EXAMI	NATION
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7. SEX	8. RACE		GOVERNMENT SERVICE	10. AGENCY	11 ORGANIZATION UNI	T	
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8-26-1	BIYEW	YORK	CITY	_		• *	
15. EXAMINING FACI	LITY OR EXAMINER, AND ADD	RESS		16. OTHER INFORMATION	ON		<del></del>
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17. STATEMENT OF E	XAMINEE'S PRESENT HEALTH	IN OWN WORDS.	Follow by description of past hi	story, if complaint exists)	•		
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21. HAVE YOU	EVER (CI	neck each item}		<u> </u>		22.	FEMALES (	ONLY A	HAVE YO	U EVER-	В.	СО	MPLETE TH	E FOLLO	WING.	
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	سمعتد	D. OTHER MEDICAL REASONS (If yes, give reasons)	Deverticulates - may, 1956 Herentalizat about 2 we show
	·	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB	
	um	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	350	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH' (If yes, state reason and give Matails)	<b>.</b>
	متمنا	31 HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	• ,
	محميا	32. HAVE YO'S HAD OR HAVE YOU BEEN ADVISED TO HAVE - ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	3.com	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
, see		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, spec.fy when, where, and give details)	
	boom	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS PHYSICIANS. HEALERS. OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
-	Second	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	•
	2 American	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS' (If yes, give date and reason for rejection)	
	i pari	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS' KII yea, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	ed .	39 HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY (If yes, specify what kind, granted by whom, and what amount, when, why)	for the state of t
ROC	ESSING	MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSE
Ê	YIC	HOLAS J. FURCHI	A Michaelas & Gurchas
n t -	SICIAN 5	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (P	hysician shall camment on all positive answers in items 20 th u. 39)
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#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

The following portions of the attached examination report form need not be completed:  2	Name of Examinee PURCHIA	a M	LICHOLAS	JOHN
2 14 68 3 17 69 4 62 72 9 65 76 11 67  46. Is necessary unless facilities for affording same are not readily available.  48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.  49. Is necessary unless facilities for affording same are not readily available.  71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 eyeles).  For All Examinees, Whether Clerical or Special Agent Applicants or Employees:  The medical examiner should answer the following question:  Examinee is is in to qualified for strenuous physical exertion.  To be Answered in the Case of All Male Employees and Male Applicants:  1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  No Yes If "yes" please specify defects.  2. Does examinee have any defects prohibiting safe operation of motor vehicles?  No Yes If "yes" please specify defects.			First	Middle
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6' 3"	160 - 171	168 - 186	178 - 200						
6' 4"	169 - 180	178 - 196	188 - 210						
6′ 5″	174 - 185	182 - 202	192 - 216						

3.	3. Examinee's frame is small medium	large
4.	4. Considering above weight table, the examinee's frame, and I consider his present weight attisfactory	other individual physical characteristics Excessive Deficient
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(Signature of Medical Examiner)

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## REPORT OF MEDICAL EXAMINATION

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- law		PING COU		$\perp$	مجعوا	PAIN OR PRESSURE IN CHEST	_	100	<del>                                     </del>			OD IN URINE	b			AIN, SEA, OR AIR SICKNE	.SS
- 4			SEVERE HEADACHE	_	-	CHRONIC COUGH	<u> </u>	205	12	R OR ALB	NI NIMU	URINE	<u>₩</u>	-		IT TROUBLE SLEEPING	
- 8	-		AINTING SPELLS	-	1	PALPITATION OR POUNDING HEART	_	200	BOILS			<del></del>	<u>\</u>	1		OR TERRIFYING NIGHTMAR	
	- 100	ROUBLE		4—	-	HIGH OR LOW BLOOD PRESSURE	├-	2	45	REAL DISI		~	\ \text{\$\epsilon\$}	1		MEMORY OR AMNESIA	.кү
- 30			THROAT TROUBLE	_	6	CRAMPS IN YOUR LEGS	$\vdash$	16				OF WEIGHT	*			MEMORY OR AMNESIA	
- 3-		NG EARS		+_	30	FREQUENT INDIGESTION	_	1	Nr.	RITIS OR			- 2			TING	<del></del>
مدا	CHRO	VIC OR FR	REQUENT COLDS	10	1 I	STOMACH, LIVER OR INTESTINAL TROUBLE	1	1	BONE.	, JOINT, C	K OTHER	R DEFORMITY	0	اعلام الميت	KVOU:	S TROUBLE OF ANY SOR	

GALL BLADDER TROUBLE OR GALL STONES

ANY REACTION TO SERUM, DRUG OR MEDICINE

- LIVED WITH ANYONE WHO HAD JUBERCULOSIS

BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

1

JAUNDICE

ATTEMPTED SUICIDE

BEEN A SLEEP WALKER

COUGHED UP BLOOD

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?

MONTHS

LAMENESS

21. HAVE YOU EVER (Check each item)

WORN AN ARTIFICIAL EYE

STUTTERED OR STAMMERED

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

Came.

WORN A BRACE OR BACK SUPPORT

WORN GLASSES

WORN HEARING AIDS

SINUSITIS

HAY FEVER

SEVERE TOOTH OR GUM TROUBLE

WAR 08 11 19 137 97-104

LOSS OF ARM, LEG, FINGER, OR TOE

PAINFUL OR "TRICK" SHOULDER OR ELBOW

BEEN TREATED FOR A FEMALE DISORDER

22. FEMALES ONLY: A. HAVE YOU EVER-

HAD A VAGINAL DISCHARGE

HAD PAINFUL MENSTRUATION

SPECIAL AGENT, FBI

25. WHAT IS YOUR USUAL OCCUPATION?

HAD IRREGULAR MENSTRUATION

BEEN PREGNANT



ANY DRUG OR NARCOTIC HABIT

AGE AT ONSET OF MENSTRUATION

INTERVAL BETWEEN PERIODS

DURATION OF PERIODS

DATE OF LAST PERIOD

26. ARE YOU (Check one)

QUANTITY: NORMAL EXCESSIVE SCANTY

RIGHT HANDED LEFT HANDED

EXCESSIVE DRINKING HABIT

HOMOSEXUAL TENDENCIES

B. COMPLETE THE FOLLOWING:

	<del></del>		
YES	NO		/ERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	A B A B A B A B A B A B A B A B B A B B A B B B B B B B B B B B B B B B B B B B B
	1	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	Mad some notice observes muchalian
	V	B. INABILITY TO PERFORM CERTAIN MOTIONS	1 Descent
	V	C. INABILITY TO ASSUME CERTAIN POSITIONS	Service - Civil in Naca 3 2000
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	. ve 32 3
	1/	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	Mad journaine during mululary. Service - clue to bad serum. m 1948 plad describentation 1956
	V	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	V	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	V	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	V	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	•
	8,000	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	~	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	~	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	V	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	2	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	
	V	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	Varia .	39. HAVE YOU EVER RECEIVED. IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
_ I AU	THORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE,	LIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
		ED NAME OF EXAMINEE	SIGNATURE: A
10	1022	DLAS J. TUKCHA	Wichelas I Tuselus
			hysician shall comment on all positive answers in items 20 thru (29)
			**************************************
		Blid Serum hep	atities 1992 - no compl.
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			•

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#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee	PURCHIA		NICHOLAS	3 10	HN
(Type or print)		Last	First	Mi	idle-
The following port	ions of the attached	examina	tion report form nee	d not be complete	ed:
	2	14		68	
	3	17	~	68 69	
	4 ,	. 62	,	72	•
	9	65		·76	•
	11	67	•	No a In	-
46. Is necessary	unless facilities for	affordin	g same are not read	ily available.	w' ,-
48. Not required a	unless examinee is o	over 35 y	ears of age or exam	ination indicates	such is
49. Is necessary	unless facilities for	affording	g same are not read	ily available.	and a second of
applicants an accepted if th	kaminations should had Special Agents. As he hearing loss exceed the range (500, 1000,	applicant eds a 15	s for the Special Ac decibel average in	gent position will	not be - ·
For All Examinees	s, Whether Clerical o	or Specia	ıl Agent Applicants	or Employees:	ar in the second second second second second second second second second second second second second second se
The medical examiner	should answer the follo	wing ques	tion:	₩ Lander States (1997)	
,		, d	٠, ٦	•	• ,
Examinee	Lis Lis not qu	ualified f	or strenuous physic	cal exertion.	τ-
f			. '	**	
To be Answered in	n the Case of All Ma	ıle Emplo	oyees and Male App	licants:	y 3 .
	have any defects rengerous assignments				
☑ _{N°} □	V TÉ // //1		er. Alfiler	, " " " " " " " " " " " " " " " " " " "	,
UNO L	Yes If "yes" pled	ise spec	ily delects	· · · · · · · · · · · · · · · · · · ·	-
			-		÷
2. Does examines	e have any defects p	rohibitin	g safe operation of	motor vehicles?	*
□ No □	Yes If "yes" plea	ase spec	ify defects.		
4	·	,		* .	, , ,
test at least 20 examinee wear	ng of motor vehicles, 0:/40 in one eye and corrective glasses tion is based on a fo	20/100 i	in the other, correct erating a motor veh	ed of uncorrected icle? Yes	l. Śhould 1No
-			THAT TO THE WAY		
			A THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	1	:

67-4/3797-1-6

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REC'D - AUMIN, DIV.

Desirable (Weight Ranges for Males

Height	MAR Clamall Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 - 133	130 - 143	138 - 157
5′ 7 <b>″</b>	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5′ 9″	136 - 146	142 - 156	151 - 170
5' 10"	. 140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
<b>6'</b>	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6′ 2 <b>″</b>	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6 <b>′ 4″</b>	169 - 180	178 - 196	188 - 210
6 <b>′</b> 5″	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium	large
5.	Considering above weight table, the examinee's fram I consider his present weight Satisfactory	e, and other individual physical characteristics  Excessive Deficient
6.	Under proper medical supervision, examinee should	□ losepounds □ gainpounds
Re	marks:Modl	
		* .

Signature of Medical Examiner)

3 feb 66

(Date)



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE	IE BUREAU	
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA NICHOLAS J. PURCHIA The following person is designated as my beneficiary for Specia	12/30/65	NEW YORK
	l Agents Insurance Fu	
Name (primary beneficiary; use given first name if female)		Relationship WIFE
Aduress		
91BLAUVELT STREET, TEAMS Name (contingent beneficiary, if desired; use given first name if	ECH, N. J.	
Name (contingent beneficiary, if desired; use given first name if	female)	Relationship
Address	· · · · · · · · · · · · · · · · · · ·	
•		
Do you desire to designate the above-listed beneficiaries as the Chas. S. Ross Fund as well? Yes No If not, the e  The following person is designated as my beneficiary unbeneficiary of agents killed in the line of duty, other than travel	ntire following portion	n must be executed.
Name (primary heneficiary: use given first name if female)		Relationship b6
		b/15E b7
Address		
91 BLAUYELT STREET, TEAD	YECK. N. J	
Name (contingent beneficiary, if desired; use given first name if	female)	Relationship
Address		· · · · · · · · · · · · · · · · · · ·
	Very truly	yours,
Payment Received  Special E is Incurance Fund	Special A	holas Jurchia
JAM 6. 3	opecial M	<b>U</b> , /

J. "dgar Mesuer, Director

S-Scg /

July 2, 1965

Mr. John F. Malone Federal Bureau of Investigation New York, New York

· Nichains J. Paresun

Dear Mr. Malone:

It is indeed a pleasure to commend you and, through you, the personnel in the New York Office who participated so capably in the investigation of the Destruction of Government Property case involving and others.

b6 b70

Each man discharged his individual responsibilities with noteworthy resourcefulness and skill, effectively overcoming the difficulties encountered in this complex investigation. The diligent efforts of all assisted materially in thwarting the radical plot of these subjects. I want to thank you for your excellent supervision of the over-all investigation and ask that you convey my appreciation to the others for a job well done.

#### Sincerely yours,

JUL 14 CORIES MADE AND ATTACHED FOR PLACING IN FILES OF: Over

	·	
	1 - SAC, New York (Personal Attention)  Place a copy of this letter in files of personnel who participated in this matter but were not individually	
	recognized.  1 - Sent Direct) DUPLICATE YELLOW  KEC	
T TOTAL	(22) Based on memo Baumgardner-Sullivan 6-23-65 and addendum	al:
-Not B	Administrative Division 6-25-65 re: et a DGP-Conspiracy. (Incentive Award and Commendation Matter.	5

# Letter to the John De Colono PLE New York

** 23 **

b6 b7C





#### UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

J. Edgar Hoover, Director

1 4.1.3

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EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE	BUREAU		
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)	
SA NICHOLAS J. PURCHIA The following person is designated as my beneficiary for Special.			_
Name (primary beneficiary; use given first name if female)	•	Relationship WIFE	b6 b7C
Address		- W//-C	
91BLAUVELT STREET, TEANEC Name (contingent beneficiary, if desired; use given first name if f	emale) Pulo	Relationship	
Address		5-1: elb	_
Chas. S. Ross Fund as well? Yes No If not, the entermination of agents killed in the line of duty, other than travel of Name (primary beneficiary; use given first name if female)	er the Chas. S. Ross		
Address			
Ser.			<del></del>
Name (contingent beneficiary, if desired; use given first name if f	emale)	Relationship	
Address			
Payment Received Special Agents Insurance Fund	Very trul	y yours,	
JUN 1 1 1965	Mic	holes . Xui chia	<i>i</i>

# HED IN BY REVIEWING OFFICIAL

#### PAST SAFE DRIVING RECORD CERTIFICATION

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)		15.1+-
PURCHIA, NICHOLAS J.		4/15/6
DIVISION AND SECTION ASSIGNED	POSITION TITLE	
4 - サ/ New York	SPECIAL AGENT	
S IS TO CERTIFY THAT I PRESENTLY 🔀 HOLD 🗌 DO NOTVER'S LICENSE.	T HOLD A VALID MOTOR VEHICLE OPERATOR	S PERMIT OR
MIT ISSUED BY: ATE, TERRITORY NEW JERSEY	PERMIT NUMBER	PERMIT EXPIRE
SSESSION, DISTRICT)	P9343 59071 08132	12/31/6
S IS AN <u>UNRESTRICTED (RESTRICTED)</u> PERMIT. (IF RESTRICT	TED, EXPLAIN BELOW)	
,		
THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I ALLY OWNED) APPROXIMATELY 25,000 MILES. DURING TH TRAFFIC VIOLATION TICKET; (B) I HAVE HAVE NOT BI INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, I DATES OF OFFENSES.	IS TIME (A) ! HAVE \S HAVE NO EEN HELD AT FAULT* AS THE DRIVER OF A N	T RECEIVED A MOTOR VEHICLE
		-
·		-
* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY 1S CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.  NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDL		DATE V. 4/15/6
MARCHESSAULT, WARREN  THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AN OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING		
CONTINUOUS SAFE DRIVING RECORD		
INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAU	LT **	_
I CERTIFY THAT THIS EMPLOYEE IS:		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RE OFFICIAL BUSINESS.	CORD TO OPERATE MOTOR VEHICLES ON	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFIED A ROAD TEST EXAMINATION BEFORE OPERATING A MO	FICATIONS BY SATISFACTORILY PASSING DTOR VEHICLE ON OFFICIAL BUSINESS.	
REMARKS:		
67-NOT RECORDED		
2 MAY 13 1965		Topk

(SIGNATURE OF REVIEWING OFFICIAL)

** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.

5010-106

UNITED STATES GOVERNMENT

# Memorandum

TO C. Director, FBI	DATE: 11/11/65	
M.	DATE: 4/14/65	
ROM : SAC, NEW YORK	Attention: Personnel Section	
SA NICHOLAS J. PURCHIA PHYSICAL EXAMINATION		
□ Pomulot	•	
RemyletReBulet	<del></del>	,
Re physical examination		
Dental work was completed on		-1144 im atuurata.
Vision has been corrected to		
(date) (name of person giving	that he can operate a	Dureau car
only when wearing the necessary glasses.  Results of chest X ray patch test urinal Enclosed physician's statement indicates he is qual		use of firear
Results of chest X ray patch test urinal	ified for strenuous physical exertion and	use of firear
Results of chest X ray patch test urinal Enclosed physician's statement indicates he is qual Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation for	ified for strenuous physical exertion and	use of firear
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Results of chest X ray patch test urinal Enclosed physician's statement indicates he is qual Enclosed are paid unpaid medical bills.  Attached are Bureau of Employees' Compensation for Physical examination reports are enclosed.  Employee is scheduled for physical examination on	rms	use of firear
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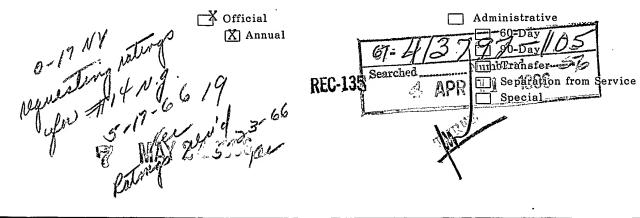
9 APR 231995

Manager Burgon hands

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: _	NICHOLAS J. EURCHIA	069-16-6407	
Where Assigned:	NEW YORK  (Division)  Title and Grade: SPECIAL AG	INTERNAL SE (Section, Unit	
	APRIL 1, 1965	toMarch 31, 1	.966
ADJECTIVE RATING	EXCELLENT  Outstanding, Excellent, S	Satisfactory, Unsatisfactory	Employee's Initials
Rated by: War WARREN MARCHE Reviewed by: JOHN F MALON Rating Approved by:	SSAULT Signature Signature Malone Signature	ASSISTANT DIRECT IN CHARGE Title Assistant Director Title	3/31/66  Date 3/31/66  Date  MAY 23 1966
	TYPE OF RE	PORT	
<i></i>	Official	Administra	



# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee	NICHOLAS J. PURCHIA	Title SPECIAL AGENT, GS -13	
		Rating Period: from 4/1/65 to 3/31	/66
	RATING GUIDE AND	CHECK-LIST	
compared.		e should be rated. All employees in same salary grade sl	rould be
t_ Excellent.	xceeding excellent and deserving of special commen	ation).	
Unsatisfactory	ood or very good).		
O No opportunity	to appraise performance during rating period.		
any performance ev. such rating factors.  A. Any <u>element</u> rating factors of the (90-day)	ctive rating requires (A) that all elements be + and coluding reasons for considering each worthy of Spec factory" or "Unsatisfactory" adjective ratings will dig any mechanical formulas; however, for an employee aluming factors on the rating guide and check-list or	B) that <u>each and every</u> rated element be <u>factually</u> justified <u>al Commendation</u> and be attached to FD-185a.  pend upon the composite result of evaluating all rated elet to be rated "Excellent" he must not be rated unsatisfactor must be rated "Excellent" or "Outstanding" on the major ctive rating is reasonable in the light of elements rated. mements.  ating (1) wherein the performance is unsatisfactory, (2) the ground that the employee bring his performance up to a sating to help the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sating the employee bring his performance up to a sati	ory on rity of
(1) Personal (2) Personal	ity and effectiveness of his personal contacts.	(16) Firearms ability. (17) Development of informants and sources o	
(3) Attitude	(including dependability, cooperativeness,	information.	-
, equitably	enthusiasm, amenability and willingness to share work load).	(18) Reporting ability:  (a) Investigative reports  (b) Summary reports	
777 (b) Resource	fitness (including health, energy, stamina). fulness and ingenuity.	(b) Summary reports (c) Memos, letters, wires	
(6) Forcefuli	less and aggressiveness as required.	(b) Summary reports (c) Memos, letters, wires (Consider: Zeonciseness; Zorganization; Zthoroug Zaccuracy; Zadequacy s of leads; Zadministrative	Zclarity;
proper co	, including common sense, ability to arrive at nclusions, ability to define objectives.	Zaccuracy: Zadequacy a	and pertinen
, responsib	and the taking of appropriate action on own bility.	of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadministrative of leads; Zadminis	detail.)
(9) Planning	ability and its application to the work.  and attention to pertinent detail.	(20) Executive ability:	
(11) Industry,	including energetic, consistent application to	(a) Leadership (b) Ability to handle personnel	
duties.	vity, including amount of acceptable work	(c) Planning (d) Making decisions	
produced	and rate of progress on or completion of	(e) Assignment of work	
assignme unless fa	ents. Also consider adherence to deadlines illure to meet is attributable to causes beyond	(f) Training subordinates (g) Devising procedures	
employee	's control. ge of duties, instructions, rules and regulations,	(h) Emotional stability	
including	readiness of comprehension and "know how"	(i) Promoting high morale (j) Getting results	
∠ of applic	ation. tive ability and results:	(21) Ability on raids and dangerous assignment	nts:
	a) Internal security cases	(a) As leader (b) As participant	
(	b) Criminal or general investigative cases c) Fugitive cases	(22) Organizational interest, such as making gestions for improvement.	of sug-
((	l) Applicant cases e) Accounting cases	(23) Ability to work under pressure.	
(15) Physical	surveillance ability.	(24) Miscellaneous. Specify and rate:  Dictation ability	
	•		
A. Specify general nat supervisor, instruc	cure of assignment during most of rating period (such tor, etc.):	s security, criminal, applicant squad, or as Resident Age	∍nt,
	SECURIT		
	INVESTI		
C. (1) Is employee av	ailable for general assignment wherever needs of ser	rice require? Yes (If answer is not "yes," explain in n	arrative
comments.) (2) Is employee av comments.)	ailable for special assignment wherever needs of set	rice require? Yes (If answer is not "yes," explain in n	arrative
<ol> <li>Has employee h leave or LWOP for question is "yes,"</li> </ol>	ad an abnormal sick leave record during rating periodillness) during rating period than the amount of sick explain in narrative comments.)	? <u>No</u> 2. Has employee used more sick leave (including leave earned during such period? <u>NO</u> (If answer to either the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	ng annual ther
If answer is "yes,"	ed to operate a motor vehicle incidental to his offici personnel <u>file</u> must reflect the following: (a) Has it to drive. (c) Past safe driving record OK or has p	alid State or local operator's license for type vehicle he i	is to use.
ADJECTIVE RATI	EXCELLENT	EMPLOYEE'S INITIALS	P
ADDED IT IN IN II	Outstanding, Excellent, Satisfactory	Unsatisfactory	

#### NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA is of average height and build. He dresses neatly and makes a fine appearance. He has a likable personality and meets people well.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

This agent has participated in dangerous assignments and he is also capable of participating in raids.

3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:</u>

None

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigations of Communist front organizations, especially those involving the Jewish field. He has demonstrated himself to be far above the average. He has shown outstanding initiative, resourcefulness, force and aggressiveness. He is a most loyal agent and has an outstanding attitude. He is always willing to be of assistance and is most cooperative. He is the type of agent who can handle the most complicated investigative matter without any supervision. He can always be depended upon to do an outstanding job.

In connection with the applicant recruitment program, he has remained very alert to the Bureau's need in this regard. He has spoken to several potentials in an effort to obtain applicants.

Not /

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

This office is in receipt of a general letter of commendation from the Bureau involving a Destruction of Government Property case. This agent participated in that investigation.

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

None

7. PARTICIPATION IN INFORMANT PROGRAMS:

This agent has developed one Panel Source. It will be noted that the type of case being handled by this agent presents a great many obstacles to the development of informants.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during rating period.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

. NA

11. RESIDENT AGENTS:

NA

Repr

#### 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13.	FOREIGN LANGUAGE ABILITY: NONE		
	Language in which proficientCompleted language school Yes No Fluent in language to extent Agent can hand problems as follows: (1) Conversation form Yes No (2) Written form Yes No Evaluate language proficiency in each phase as excellent, very go unsatisfactory		
	<u>Language</u> <u>Read</u> <u>Write</u>	Speak	Understand
			-
			<u> </u>
	Frequency language ability used during rating pe	riod:	
	Frequency of use oflanguage ability anticipated	during ensui	ng vear:
		.1	g your.
14.	ADMINISTRATIVE ADVANCEMENT:	` ,	
	(a) Agent is interested in administrative advancement.	☐ Yes [	X) No
	(b) Agent is completely available for administrative advancement.	Yes	— □ No
	(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance.	Yes [	No
•	(d) If answer to (c) is "Yes," Agent's qualifications considered yery good excellent outstanding		
	(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.)	☐ Yes [	□ No



UNITED STATES GOVERNMENT

# Memorandum

l F	Mar
W	* 1980

TO

er . 15.2

: Director, FBI

DATE:

5/23/66

FROM : SAC, NEW YORK

Attention: Personnel Section

SUBJECT: NICHOLAS J. PURCHIA

SPECIAL AGENT

b6 b7C

•	7 1X
er en en en en en en en en en en en en en	31,000
**Remylet 5/9/66 (FD 208)	41
X Remylet [X] ReBulet	,
Re physical examination	
Dental work was completed on	
☐ Vision has been corrected to	Employee specifically instructed
(date) by(name of person giving instruction)	that he can operate a Bureau car
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis serology	were negative.
XXEnclosed physician's statement indicates he is qualified for strenuous	
Enclosed are paid unpaid medical bills.	<b>, , , , , , , , , , , , , , , , , , , </b>
Attached are Bureau of Employees' Compensation forms	`
Physical examination reports are enclosed.  Employee is scheduled for physical examination on	
Physical examination report has been reviewed and initialed.	*
XX Employee returned to active dutyMay 23, 1966	···
XX Employee's physical condition isSatisfactory	•
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	•
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Remarks:	
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*	PUI	RCHIA, NICHOLAS J.	May 25	10.25   IDENTIF	FICATION NO. 069-	16-6407
		pe - Last, First, Middle Initial)	1833 17	/	Oran Day Well	NO. OF
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	TYPE OF LEAVE	WITHOUT COMPEN	OTHER	1 5/2	20/66	XX.
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	I understand that a	ny annual leave authorized in excess of			ir will be charged to Eve	U DENTAL.
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	(If you are applying for	REQUIRED TO CARE FOR A MEMBER OF MY FAMILY WITH CONTAGIOUS DISEASE	,,,	• ; , ,		
	sick leave check appro-		NAME OF DISEASE	AND CIRCUMSTANCE	S OF EXPOSURE	
	· priate box)	REQUIRED TO BE ABSENT , BECAUSE OF EXPOSURE TO CONTAGIOUS DISEASE	,	,	.,'	
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	The employee na	CERTIFICA	TE OF PHYSICIAN	OR PRACTITIONE	R	
	was such that I c	CERTIFICA med was under my professional care du possidered it inadvisable for him to report	ring the period stated h	N OR PRACTITIONE		during this period
	NAME OF EMP	med was under my professional care du onsidered it inadvisable for him to report	ring the period stated h		standpoint, his condition	during this period
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	NAME OF EMP	med was under my professional care dui onsidered it inadvisable for him to report LOYEE  OLAS J. PURCHIA  RIFROM (Mo., day, year)	ring the period stated h	pelow. From the medical	standpoint, his condition	during this period
	NAME OF EMP	med was under my professional care dui onsidered it inadvisable for him to report LOYEE  DLAS J. PURCHIA  FROM (Mo., day, year)	ring the period stated h	POSITION OCCUPIED SPECIAL A THROUGH (Mo., day,	standpoint, his condition  GENT year)	during this period
	NAME OF EMPI	DLAS J. PURCHIA  FROM (Mo., day, year)  May 1, 1966	ring the period stated b	POSITION OCCUPIED SPECIAL A THROUGH (Mo., day, May, 20,	standpoint, his condition  AGENT  year)  1.966	
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P	NAME OF EMPI NICHO PERIOD UNDER PROFESSIONAL CARE REMARKS H atient is use of fi	DLAS J. PURCHIA  PROM (Mo., day, year)  May 1, 1966  emorrhoidectomy, E, qualified for structures  prearms 101 Prosper	ring the period stated by to work.  xcisoon of enuous phys	POSITION OCCUPIED  SPECIAL A  THROUGH (Mo., day,  May, 20,  fissure, Sp.  sical exertic	standpoint, his condition  AGENT year) 1966 hincterotom on including	· · · · · · · · · · · · · · · · · · ·
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U.S. GOVERNMENT PRINTING OFFICE : 1961 0-572735

(*) the 12

May 11, 1966

Mr. Nicholas J. Purchia 91 Blauvelt Street Teaneck, New Jersey 07666

Dear Mr. Purchia:

I am sorry that it was necessary for you to undergo an operation, and hope your convalescence is proceeding satisfactorily.

You should follow closely your physician's instructions and remain away from work as long as he deems it advisable.

Sincerely,

J. Edgar Hoover

61-NOT RECORDED4

hord

1 - SAC, New York (Personal Attention)

DLB defined (4)

Address obtained from file.

Memo 4-29-66, from SAC, advised employee commenced sick leave on 5-2-66 for a hemorrhoidectomy operation. He will return about 5-23-66.

edm

megan phys

Tavel ______
Trotter _____
Tele. Room ____
Holmes _____
Gandy _____

Tolson —
DeLoach
Mohr —
Wick —
Casper —
Callahan
Conrad —
Felt —
Gale —
Rosen —
Sullíyan

MAIL ROOM TELETYPE UNIT



#### b6 b7C

## UNITED STATES GOVERNMENT

Memorandum
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5/9/66 Director, FBI DATE: SAC, NEW YORK SUBJECT: (Employee) NEW YORK (Division) **ILLNESSES** Nature of illness: (Indicate extent of, description, and current condition under Remarks) (Date of surgery and postoperative condition must be indicated under Remarks) Disease Operation Accident Injury Date ceased active duty Expected date of return to duty Date sick leave commenced Confined at: ☐ Hospital Residence Address: Re FD 208 dated 4/29/66. SA PURCHIA underwent surgery on 5/2/66. He is presently convalescing at home and his condition is satisfactory. **DEATHS** Son Son Brother Sister Daughter Father Mother Spouse (Relationship) (Name of deceased) Date and place of death Employee's residence address If employee is leaving residence because of this death, what will be his temporary address, and when (time and date) . does he plan to leave there to return home? Also indicate anticipated time and date of return home. Anticipated time and date of refurn Time and date of departure RIFICO RITER Remarks: - Bureau New York (2)

#### UNITED STATES GOVERNMENT

# Memorandum

" : ^{Dire}	ector, FBI		DATE:	4/29/66	Λ
SA		CHIA		And S	joly.
JECT: <u>NEV</u>	(Employee N YORK (Division)			y to	
ILLNESSES					
	ess: (Indicate extent of, de	scription, and current c			
Accident	Injury D	sease 🔀 Operati		te of surgery and postor t be indicated under Re	perative condition marks)
	ve commenced	Date ceased active du		Expected date of re	turn to duty
May 2	, 1966	M April 29,	1966	About May 2	23, 1966
Address:	Hackensack Ho 22 Hospital I Hackensack, I		601		
than at 1		pects to be i			
hemorrho:	idectomy operat	on.	ence.	He will have a	
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DEATHS  Father  Date and place  Employee's r	idectomy operat	pouse Brothe	ence.	He will have a	Daughter (Relationship)
DEATHS  Father  Date and place  Employee's r	idectomy operat:    Mother   S	pouse Brother	ence.	He will have a	Daughter (Relationship) en (time and date)
DEATHS  Father  Date and place  Employee's r  If employee i does he place	idectomy operat	pouse Brother	ence.	He will have a	[ Daughter [ Relationship] ]
DEATHS  Father  Date and place  Employee's r  If employee is does he place  Remarks:	Mother Some of Comparing Mother Some of Comparing Testidence address Some to leave there to return the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of departments of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Comparing Time and date of the Com	pouse Brother	er	He will have a	[ Daughter [ Relationship] ]

b6 b7C

FD-277 (Rev. 3-6-63)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-106

UNITED STATES GOVERNMENT

# Memorandum

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Director, FBI DATE: 3/15/66

Attention: Personnel Section

NEW YORK

SA NICHOBAS PURCHIA PHYSICAL EXAMINATION

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<del></del> •
<del>-</del> •
Employee specifically instructed
that he can operate a Bureau car
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y were negative.
us physical exertion and use, of firearms.
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CA-MOL BECOEDED-2

December 9, 1966

<del>PERSONAL</del>

Mr. Nicholas Jl/Purchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

I note that today marks your Twentieth Anniversary with the FBI and I want to take this opportunity to express my gratitude for the loyalty and devotion which have been typical of your tenure of service. In recognition of this special occasion I wish to present your Twenty-Year Service Award Key.

Throughout the years the Bureau has had to assume new responsibilities which have been honestly and faithfully discharged. No small measure of the credit is due to our conscientious and experienced personnel who in truth represent the strong foundation on which our growing organization rests. It is encouraging indeed to know that we are staffed with competent associates such as you who are so willing and enthusiastic about handling their duties.

MAILED 3 DEC - 2 1966 COMM-FBI

This Key is a token of our appreciation. May it always be a reminder of those things for which the FBI stands

Tolson DeLoach Wick Casper Callahan Conrad

Felt.

Gale Rosen Sullivan With best wishes and kind regards,

Sincerely,

U. Edgar Hoover

Enclosure

SAC, New York (Personal Attention)



# UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

J. Edgar Kosson, Director

Dear Sir

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE	BUREAU	
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA NICHOLAS T. PURCHIA The following person is designated as my beneficiary for Special	10/21/66	HEW YORK
Name (primary beneficiary: use given first name if female)	agents insurance Fu	
Address		Relationship WIFE
91BLAUVELT STREET TE	THECK	N.J.
Name (contingent beneficiary, if desired; use given first name if fe	male)	Relationship
Address		b6
Do you desire to designate the above-listed beneficiaries as the bochas. S. Ross Fund as well? Yes No If not, the ent	ire following portion r the Chas. S. Ross	must be executed.
peneticiary of agents killed in the line of duty, other than travel a	ccidents.	a managed variety of the second solitons to
Name (primary beneficiary; use given first name if female)	- \	Relationship WIFE
91 BLAUVELT STREET, TEA Name (contingent beneficiary, if desired; use given first name if fe	HECK, IY	, J , 5
	emaie/	Relationship
Address	-	
	Very truly	yours,
Payment Creeived Special Insurance Fund OCT3 4 75	Special A	cholas J. Surchia

FORM 3-842 (9-14-84) APPROVED COMP. GEN. U.S. 4-5-63 IN LIEU OF SF 1126

# FEDERAL BUREAU OF INVESTIGATION

	RST, MIDDLE				SOCIAL SECURI	TY NUMBER
	1 1	ı			"  <del>                                   </del>	-407
		NOTIFICATIO	N OF BASIC CHANGE			
CODE - NATURE O	F ACTION,			EFFECTIVE DATE	DATE OF	LAST EQUIV. INCR.
892 - 0	UALITY INCREASE	896 -	ADMIN. PAY INCREASE			
893 <b>-</b> V	VITHIN GRADE INCREASE	897	ADMIN. PAY DECREASE			
894 <b>-</b> F	PAY ADJUSTMENT	OTHER	(SPECIFY IN REMARKS)		g † 1.	1.13.164
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	OYEE'S PERFORMANCE RA			ar ata	- <b>ave</b> -	(DATE)

FEDERAL BUREAU OF INVESTIGATION IN UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

	Name of Employee:	NICHOLAS J. DURCHIA	. #069 <b>-1</b> 6-646	07
	Where Assigned: _	NEW YORK (Division)	INTERNAL SECUR (Section, Unit)	ITY
	Official Position T	Title and Grade:SPECIAL	AGENT, GS-13	
	Rating Period: from	APRIL 1, 1966	toMARCH 31, 196	57
	ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent,	Satisfactory, Unsatisfactory	Employee's Initials
THOMAS	×	Thomas & Croppe Signature	SUPERVISOR Title SPECIAL AGENT	3/31/67 Date
DONALD	Reviewed by: 2005 E. RONEY	Signature		3/31/67 Date
	Rating Approved by	Les Conduit	Assistant Director AFK Title	11 1307. Date
		TYPE OF R	EPORT	
		Official  Annual	Administrative	
	REC- <u>143</u>	67-43791 Searched 4 APR 10 1967	Transfer Separation Special	from Service
<b>%</b> 4	APN 181987	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		

Name of Employee _____

### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

NICHOLAS J. PURCHIA

Note: Or	RATING GUIDE AND	
R	nty those items having pertinent bearing on employee's performant impared. ATE ITEMS AS FOLLOWS: utstanding (exceeding excellent and deserving of special commen	ce should be rated. All employees in same salary grade should be
<u>=</u> =>	xcellent.	uation.
Ur	itisfactory (good or very good). Insatisfactory.	
_O_ No	o opportunity to appraise performance during rating period.	
1. "Outste narrativ 2. "Excell rather t any per such ra A. Any B. An of t	determining adjective rating: anding" adjective rating requires (A) that all elements be + and we details, including reasons for considering each worthy of Spec lent," "Satisfactory" or "Unsatisfactory" adjective ratings will de than following any mechanical formulas; however, for an employee formance evaluation factors on the rating guide and check-list an ting factors. Good judgment must be exercised to insure that adj we lement rated "Unsatisfactory" must be supported by narrative of official rating of "Unsatisfactory" must be supported in writing s the (90-day) prior warning, and (3) the efforts made after the warning el and must be attached to FD-185a.	d must be rated "Excellent" or "Outstanding" on the majority of
<del></del> (	Personal appearance.     Personality and effectiveness of his personal contacts.     Attitude (including dependability, cooperativeness,	(16) Firearms ability. (17) Development of informants and sources of information.
	loyalty, enthusiasm, amenability and willingness to equitably share work load).	
	4) Physical fitness (including health, energy, stamina).	(a) Investigative reports (b) Summary reports (c) Memos, letters, wires
<u></u>	5) Resourcefulness and ingenuity. 6) Forcefulness and aggressiveness as required.	
<u>+</u> (	7) Judgment, including common sense, shility to arrive at	
<u>+</u> «	proper conclusions, ability to define objectives.  8) Initiative and the taking of appropriate action on own	dorganization; thoroughness; accuracy; adequacy and pertinency of leads; administrative detail.)
	responsibility.	(19) Performance as a witness.
(10	9) Planning ability and its application to the work. 0) Accuracy and attention to pertinent detail.	(20) Executive ability: (a) Leadership
	<ol> <li>Industry, including energetic, consistent application to duties.</li> </ol>	(b) Ability to handle personnel
<u></u>	2) Productivity, including amount of acceptable work	(c) Planning(d) Making decisions
	produced and rate of progress on or completion of assignments. Also consider adherence to deadlines	(e) Assignment of work
	unless failure to meet is attributable to causes beyond	(f) Training subordinates (g) Devising procedures
<del></del>	employee's control.  Knowledge of duties, instructions, rules and regulations,	(h) Emotional stability (i) Promoting high morale
	including readiness of comprehension and "know how"	(i) Cotting page 14
上(1	of application. 4) Investigative ability and results:	(21) Ability on raids and dangerous assignments:
	(a) Internal security cases	(a) As leader  (b) As participant
	(b) Criminal or general investigative cases(c) Fugitive cases	(22) Organizational interest, such as making of suggestions for improvement.
	(d) Applicant cases  O (e) Accounting cases	(23) Ability to work under pressure
<u>_</u> <u>=</u> (15	5) Physical surveillance ability.	— (24) Miscellaneous. Specify and rate: — Dictation ability —
A. Specify supervi	y general nature of assignment during most of rating period (such isor, instructor, etc.):	as security, criminal, applicant squad, or as Resident Agent,
	SECURITY	
B. Specify	employee's most noteworthy special talents (such as investigated INVESTIGATOR	or, desk man, research, instructor, speaker):
C. (1) Is	employee available for general assignment wherever needs of ser	vice require? YES(If answer is not "yes," explain in narrative
con (2) Is con	nments.) employee available for special assignment wherever needs of ser mments.)	vice require? YES (If answer is not "yes," explain in narrative
D. 1. Has leave of question	s employee had an abnormal sick leave record during rating period or LWOP for illness) during rating period than the amount of sick on is "yes," explain in narrative comments.)	? NO 2. Has employee used more sick leave (including annual leave earned during such period? LES (If answer to either
E. Is empl If answ (b) Is	loyee qualified to operate a motor vehicle incidental to his officiarier is "yes," personnel file must reflect the following: (a) Has very physically fit to drive. (c) Past safe driving record OK or has past	al duties? X Yes No No valid State or local operator's license for type vehicle he is to use. assed Bureau road test.
	EXCELLENT	SATT
ADJEC	Outstanding, Excellent, Satisfactory,	Unsatisfactory EMPLOYEE'S INITIALS

#### NARRATIVE COMMENTS

- 1. PERSONAL APPEARANCE AND PERSONALITY:
  SA PURCHIA is of average height and build. He dresses neatly
  and conservatively in a business-like fashion. He has a likeable
  personality and is well regarded by his fellow employees.
- 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:
  Although SA PURCHIA has not participated in raids and dangerous assignments during the rating period, he is capable of handling such assignments.
- 3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING

  PERFORMANCE; AND SICK LEAVE INFORMATION:

  SA PURCHIA utilized 133 hours of sick leave. 120 hours of this sick leave was utilized when SA PURCHIA was hospitalized for an operation. This sick leave is supported by a doctors certificate. This sick leave is not considered abnormal and there are no limits to SA PURCHIA's availability.

  4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving the investigation of Cominfil and Communist front organizations. SA PURCHIA is a highly competent and conscientious agent who handles his investigations with a great deal of enthusiasm displaying a high degree of resourcefulness and initiative. He is a most loyal agent and has an outstanding attitude. He is very cooperative and has accepted extra assignments most willingly.

SA PURCHIA can handle the most complicated investigative matter without any supervision. His work is always far above average.

In connection with the applicant recruitment program, he has remained very alert to the Bureau's need. He has spoken with several potentials in an effort to obtain applicants.

Initials

5.	NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:
	NONE
6.	DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS: (List items taken into consideration on rating guide and check list.)  NONE
7.	PARTICIPATION IN INFORMANT PROGRAMS: SA PURCHIA has participated in the informant program but to date has not developed any informants.
8.	TESTIFYING EXPERIENCE AND ABILITY:  None during this rating period but every indication is that
	SA PURCHIA would be an excellent witness.
9.	ACCOUNTING INFORMATION:
	NA
10.	POLICE INSTRUCTION: NA
11.	RESIDENT AGENTS:
	NA Initials

## 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE: NA

13.	FO	REIGN LANGUAGE ABILITY: NONE		
	Con Flu prol	nguage in which proficient		
	uns	Language Read Write	Spea	k Understand
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	(0)	Agent is interested in administrative advancement.	☐ Yes	X No
		Agent is interested in administrative advancement.  Agent is completely available for administrative advancement		LΔ] No
		Agent is completely available for administrative advancement administrative advancement, including experience, ability, personality and appearance.	☐ Yes	. No
	(d)	If answer to (c) is "Yes," Agent's qualifications are consided very good excellent outstanding	ered	
	(e)	If answer to (c) is "No," is Agent considered to have potenti for future administrative advancement? (If applicable, explanatory comments required.)	al Yes	□ No





#### UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

#### EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU Official Bureau Name (please type or print) Office of Assignment (or SOG Division) The following person is designated as my beneficiary for Special Agents Insurance Fund: Name (primary beneficiary: use given first name if female) Relationship b7C Address <u>91 BLAUVELT STREET, TEANECK</u> Name (contingent beneficiary, if desired; use given first name if female) Address Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? Yes \sum No If not, the entire following portion must be executed. The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents. Name (primary beneficiary; use given first name if female) Relationship Address Name (contingent beneficiary, if desired; use given first name if female) Relationship Address Very truly yours, Payment Received Special Agents Insurance Fund

J. Edgar Hoover, Director

MAR 1 7 1967

**8**-ecd

### Memorandum

TO ·

DIRECTOR, FBI

DATE: 1/24/67

FROM

M

SAC, NEW YORK

SUBJECT:

FOREIGN TRAVEL PLANS OF SA NICHOLAS J PURCHIA

SA NICHOLAS J. PURCHIA, his wife and two children are to travel to Ireland, England, France and Italy this coming summer. No travel will be made to the USSR or to any country behind the "iron curtain".

SA PURCHIA and his family will depart New York, New York, 7/6/67 returning 8/17/67 UACB.

2 - Bureau (RM)

1 - New York (66-7232) (FOREIGN TRAVEL)

1 - New York (PERSONNEL FILE SA NICHOLAS J. PURCHIA)

TJC:mrm (4)

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M. Woek Study

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Standard Form 89
(Rev. Aug. 1950)
BUREAU OF THE BUDGET
Circular A-32

3	REPORT	OF	MEDICAL	HISTORY
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89–103–01

OIRQUIAN II-02	HIS INFOR	MATIC FOR OFFICIAL USE ONLY AND WILL NOT		TIZED PERSONS	
1. LAST NAME-FIRST N	AME-MIDDLE NAME		2. GRADE AND COMPOR	ENT OR POSITION	3. IDENTIFICATION NO.
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7. SEX 8.	RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT	
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II. STATEMENT OF EXAM		IN OWN WORDS! (Follow by description of past hi	story, ij complaint exists)		
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19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) 18. FAMILY HISTORY OR HUSBAND OR WIFE: AGE AT RELATION(S) RELATION STATE OF HEALTH YES (Check each item) AGE IF DEAD, CAUSE OF DEATH NO FATHER HAD TUBERCULOSIS EMIR MOTHER HAD SYPHILIS Fot He B SPOUSE HAD DIABETES Good HAD CANCER Gent **BROTHERS** HAD KIDNEY TROUBLE HAD HEART TROUBLE AND RHEUMOTIC HEARTSO DECEMSED. SISTERS 🖘 HAD STOMACH TROUBLE HAD RHEUMATISM (Arthritis) HAD ASTHMA, HAY FEVER. FATHER CHILDREN HAD EPILEPSY (Fits) COMMITTED SUICIDE BEEN INSANE 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) YES NO (Check each item) YES NO (Check each item) YES NO (Check each item) (Check each item) YES NO TUMOR, GROWTH, CYST, CANCER "TRICK" OR LOCKED KNEE SCARLET FEVER, ERYSIPELAS GOITER FOOT TROUBLE DIPHTHERIA TUBERCULOSIS RUPTURE SOAKING SWEATS
(Night sweats) NEURITIS RHEUMATIC FEVER APPENDICITIS PARALYSIS (Inc. infantile) SWOLLEN OR PAINFUL JOINTS **ASTHMA** PILES OR RECTAL DISEASE EPILEPSY OR FITS FREQUENT OR PAINFUL URINATION MUMPS SHORTNESS OF BREATH KIDNEY STONE OR BLOOD IN URINE CAR, TRAIN, SEA, OR AIR SICKNESS WHOOPING COUGH PAIN OR PRESSURE IN CHEST FREQUENT TROUBLE SLEEPING SUGAR OR ALBUMIN IN URINE FREQUENT OR SEVERE HEADACHE CHRONIC COUGH DIZZINESS OR FAINTING SPELLS FREQUENT OR TERRIFYING NIGHTMARES PALPITATION OR POUNDING HEART BOILS DEPRESSION OR EXCESSIVE WORRY EYE TROUBLE HIGH OR LOW BLOOD PRESSURE (Lest VENEREAL DISEASE RECENT GAIN OR LOSS OF WEIGHT LOSS OF MEMORY OR AMNESIA EAR, NOSE OR THROAT TROUBLE CRAMPS IN YOUR LEGS BED WETTING ARTHRITIS OR RHEUMATISM RUNNING EARS FREQUENT INDIGESTION NERVOUS TROUBLE OF ANY SORT BONE, JOINT, OR OTHER DEFORMITY CHRONIC OR FREQUENT COLDS STOMACH, LIVER OR INTESTINAL TROUBLE ANY DRUG OR NARCOTIC HABIT SEVERE TOOTH OR GUM TROUBLE LAMENESS GALL BLADDER TROUBLE OR GALL STONES EXCESSIVE DRINKING HABIT JAUNDICE LOSS OF ARM, LEG, FINGER, OR TOE SINUSITIS ANY REACTION TO SERUM, DRUG OR MEDICINE HOMOSEXUAL TENDENCIES HAY FEVER PAINFUL OR "TRICK" SHOULDER OR ELBOW 22. FEMALES ONLY: A. HAVE YOU EVER-B. COMPLETE THE FOLLOWING: 21. HAVE YOU EVER (Check each stem) AGE AT ONSET OF MENSTRUATION ATTEMPTED SUICIDE WORN GLASSES INTERVAL BETWEEN PERIODS BEEN A SLEEP WALKER HAD A VAGINAL DISCHARGE WORN AN ARTIFICIAL EYE LIVED WITH ANYONE WHO HAD DURATION OF PERIODS WORN HEARING AIDS BEEN TREATED FOR A FEMALE DISORDER DATE OF LAST PERIOD STUTTERED OR STAMMERED COUGHED UP BLOOD HAD PAINFUL MENSTRUATION BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION QUANTITY: NORMAL EXCESSIVE SCANTY WORN A BRACE OR BACK SUPPORT HAD IRREGULAR MENSTRUATION 26. ARE YOU (Check one) 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 25. WHAT IS YOUR USUAL OCCUPATION? WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? STECHAL REENT, FOR RIGHT HANDED LEFT HANDED

d Cheena

67-413797-108



YES	NO	CHECK EACH ITEM YES OR NO. E	VERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
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	1	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	Had Jaundice during military Service due to bad Arrum - 194
	1	B. INABILITY TO PERFORM CERTAIN MOTIONS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	سا	C. INABILITY TO ASSUME CERTAIN POSITIONS	Service and to but a come
	1	D. OTHER MEDICAL REASONS (If yes, give reasons)	_
	1	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	Had elwerteculitin 1956.
	~	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	1	a0. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	Hemorrhoidsclong - may , 196
	2	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	Hadrenade Houselal
North Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	Maurice Kagan
	1	33: HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	maurile /agan
	1	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
<b>Loo</b> test		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS. HEALERS. OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	16 Sector	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	land	737. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS! (If yes, give date and reason for rejection)	
	V	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL. MENTAL. OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)	
	1	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)	
1 AL	UTHORIZE	HAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPP : ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONE MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.	PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  IN ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED C	OR PRINT	ED NAME OF EXAMINEE	SIGNATURE
YAC	ARC)	LAST PURCHIA	TICARCA A A MACLAC
0 PHY	SICIAN'S	SUMMARY AND FLABORATION OF ALL PERTINENT DATA (	Physician shall comment on all positive answers in thems 20 thru 39)

MICHELANS SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall commention all positive answers in items 20 thru 39)

20. Numps-childhood - no ses;

Wives tieulihis - proven lux kay - 1956 - Rx we decadle. No further sec a

Serum luegashtis 1942 - no ses;

Hemorlundectory 1966 - no ses;

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER MC

31 Jan 69

SIGNITURE JU JOULD

E. DIN OFM

NUMBER OF ATTACHED SHEETS

LOVERNMENT PRINTING OFFICE : 1964 0-717-00

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#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	ne of Examinee PUR(	CHIA, MICHOLAS	First Middle	`.
	-			
1 116	tottowing portions of th	e attached examination report :	form need not be completed:	· -
	· 2	14	68	
	· 2 3	17	69	
	4	62	72	
	9	65	76	
	11,	67		
46.	Is necessary unless fac	cilities for affording same are	not readily available.	
48.	Not required unless exceedesirable.	aminee is over 35 years of age	or examination indicates such	is
49.	Is necessary unless fac	cilities for affording same are	not readily available.	
71.	applicants and Special accepted if the hearing	Agents. Applicants for the Sp	possible for all Special Agent ecial Agent position will not be rage in either ear in the conve	e ·
Fo	All Examinees, Whethe	r Clerical or Special Agent App	licants or Employees:	
The	medical examiner should ans	wer the following question:		
^	Examinee Dis [	is not qualified for strenuou	s physical exertion.	
То	be Answered in the Cas	e of All Male Employees and M	ale Applicants:	
1.		defects restricting or prohibitssignments which might entail	ing his participation in defensi the practical use of firearms?	ve
	☑ No ☐ Yes If	"yes" please specify defects.		
			·	
		· · · · · · · · · · · · · · · · · · ·		
2.	Does examinee have any	defects prohibiting safe oper	tion of motor vehicles?	
	✓ No ☐ Yes If	"yes" please specify defects.		
	ies II دعور ۱۱۰ الحج	yes please specify defects.	· · · · · · · · · · · · · · · · · · ·	<del></del>
3.	test at least 20:/40 in or examinee wear corrective	ne eye and 20/100 in the other re glasses while operating a mo	nission requires distant vision corrected or uncorrected. Shoptor vehicle? Yes Noe e standard, indicate basis	uld
		eliglosure 6 7	7-413797-1	08

MA

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5′ 4″	117 - 125	123 - 135	131 - 148
5′ 5″	120 - 129	126 - 139	134 - 152
5′ 6″	124 д 133 8 14 л	<b>°67</b> 130 - 143	138 - 157
5′ 7 <b>″</b>	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5′ 9 <b>″</b>	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5′ 11″	144 - 154	150 - 166	160 - 180
6′	148 - 158	15.4 - 171	164 - 185
6' I"	152 - 163	158 - 176	169 - 190
6′ 2 <b>″</b>	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6′ 5″	174 - 185	182 - 202	192 - 216

4.	Examinee's frame is small medium	large
5.	Considering above weight table, the examinee's fram I consider his present weight Satisfactory	e, and other individual physical characteristics  Excessive Deficient
6.	Under proper medical supervision, examinee should	losepounds
		gainpounds
Re	marks:	

(Signature of Medical Examiner)

November 3, 1967

PERSONAL

Mr. Nicholas J. Purchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

The quality of your work pertaining to a recent demonstration in the Washington, D. C., area was of the finest caliber and it is a pleasure to commend you.

Gathering vital details and statistics during this time was a most complicated endeavor; however, you skillfully and ably kept the Bureau apprised of changing events as they occurred. I do not want the occasion to pass without expressing my appreciation.

MAILED 30 NOV 3 1967 COMM-FBI Sincerely yours,

J. Edgar Hoover

67-4/3797-109 Numbered 196787

1 - SAC, New York (Personal Attention)

Lan

Tolson

Mohr __ Bishop

Casper

Gale __ osen _ Ulivan

DeLoach

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(Sent Direct)

(5) 67-413797

NLKUK

Based on New York letter 10/27/67 and addenda Inspection and Domestic Intelligence Divisions 10/31/67 re National Mobilization Committee to End the War in Vietnam - Recommendation for

Letters of Commendation.

8 8 100 1 5 1961

Man Watt

M

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## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

	DUPLICATE AND SUBM				-	»
Official Burea	au Name (please type or p	orint)	Date	Office of	Assignment (or S	OG Division)
SA NI	CHOLAS J. PURC	CHIA	7/13/67	. NE	W YORK	
The following	person is designated as	my beneficiary for Spec	ial Agents Insurance	Fund:		, , ,
Name (primary	beneficiary; use given f	irst name if female)			Relationship	d
-		`* .	, ,		4	b
Address 91	Blauvelt St.,	Teaneck, Nev	Jersey	4		
Name (conting	gent beneficiary, if dèsire	ed; use given first name	if female)		Relationship	`.
* * *						y
Address	. ,					1 12
beneficiary of	ollowing person is design agents killed in the line	of duty, other than tra	rel accidents.	ss runu prov	· · · · · · · · · · · · · · · · · · ·	denent to
Name (primary	beneficiary; use given f	irst name if female)	~		Relationship	*. · · ·
Address		•			•	*,*
Name (conting	gent beneficiary, if desire	ed; use given first name	if female)	· ·	Relationship	* *
Address		-	, - · · ·			
	·	-	Very tru	ıly yours,		
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1		507	Special	Agent	rla	

T. E. Walled Earling

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## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO T	HE BUREAU	•	
Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division	n)
SA NICHOLAS J. PURCHIA	5/25/67	NEW YORK	
The following person is designated as my beneficiary for Speci Name (primary beneficiary; use given first 'name if female)	al Agents insurance F	Relationship	<del></del>
Name (primary beneficiary; use given first mame if female)		WIFE	b6 .b7:
Address			~~~~~~
91 BLAUVELT STREET, TE	ANECK, M.	, T	
Name (contingent beneficiary, if desired; use given first name	if female)	Relationship	
Address			,
Do you desire to designate the above-listed beneficiaries as the Chas. S. Ross Fund as well? Yes \( \subseteq \text{No} \) If not, the	e beneficiary and cont entire following portio	ingent beneficiary respectively of the n, must be executed.	
The following person is designated as my beneficiary ubeneficiary of agents killed in the line of duty, other than trave	under the Chas. S. Ross el accidents.	s Fund providing \$1500 death benefit to	
Name (primary beneficiary; use given first name if female)		Relationship	
Address			
Name (contingent beneficiary, if desired; use given first name	if female)	. Relationship	
Address			
			<del></del>
	Very trul	y yours,	•
Payment Received	,		
Special 2 3 Insurance Fund		cholas J. Surc	
JUN 61017	Special A		hia
F Edgar Hoover. Director			

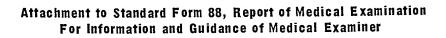
Burns,



teau of the Budget Cular A-32-(Rev.)	F MEDICAL I	W NOITANIMAKE	\$ 100 a	C3-109-04
LAST NAME-FIRST NAME-MIDDLE NAME		Z, GRADE AND COMPONENT OR PO	SITION 3.	IDENTIFICATION NO.
PURCHIA HICHOLAS C	DHA		<u> </u>	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
HOME ADDRESS (Number, elect or RFD, clly or town, zone and State)	*	5. PURPOSE OF EXAMINATION	6.	DATE OF EXAMINATION
I BLAUVELT STREET, TEAM	ecr, nj	anual favi	PERA!	引至影響
SEX 8. BACE 9. TOTAL YEARS GOVERN	IMENT SERVICE	10. AGENCY 11. ORGA	NIZATION UNIT	·
MILITARY 5 VAS	CIVILIAN 2 LAW JOHNE	FBI	• ' '	<i>→</i>
DATE OF BIRTH 13, PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND AD	DRESS OF NEXT O	F KIN
SIDERS NEW YORK CITY	I USA			
EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	<u>.</u>	
USED FORT HEROLITOR		3	,	- ' , , , , , ,
. AATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAS	T SIX MONTHS
	` .			
CLINICAL EVALUATION NOTE	ES, (Describe avery	abnormality in detail." Ente	r partinent ite	n number before each
OR- (Check each item in appropriate col- ABNOR-	comment. Co	ntinue in item 73 and use add	ittional shoets	it necessary.)
18, HEAD, FACE, NECK, AND SCALP				
19. NOSE	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
-20, SINUSES		- 13	-	
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212 MOOTH AND THROAT	1			* - *
22. EARS—GENERAL (Int. & ext. canals) (Autilory deutly under stems 70 and 71)				All and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco
23. TRUMS (Perforation)	*		* , 1	and the second
24, EYES—GENERAL (Visual acuity and refraction under stems 53, 60 and 67)				
25. OPHTHALMOSCOPIC				
26. PUPILS (Equality and reaction)			- 4	
27. OCULAR MOTHATY (Associated parallel mose-			and the State of	
28 LUNGS AND CHEST (Include breasts)	e (e.	in the second second	7 - 4 - 7 - 1	
23. HEART (Thrust, size, thythm, sounds)				4
	· · · · · · · · · · · · · · · · · · ·	·	, ;	4
30: VASCULAR SYSTEM (Varicosities, etc.)			e e e e	Elicenter of the in
- 31. ABDOMEN AND VISCERA (Irclude hernia)				1
32. ANUS AND RECTUM Elemetrhoids, Satular)				
33. ENCOCRINE SYSTEM		m manage of the state of the		ŧ,
34: G-U SYSTEM	* 1		method promotes and the	and the second second
35. UFPER EXTREMITIES (Sirenelle, range of motion)		10/-	G 120	71 900 110
35. FEET	DF			1 1 10
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion).	TEC.	100	(D) Sierce	CALLED TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART
	•	- 40	Jan Pre	1 1965
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	2 - 1	promitted interests	- 6	36
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AO, SKIN, LYMPHATICS	-11-15-		1 (1.51)	
41, NEUROLOGIC (Equilibrium tests under item 72)	May Sold of the second	3.7	10,000	a ·
42. PSYCHIATRIC (Specify any personality deviation)	BIGHOW!		<b>/1.</b> 3 (12 ) (13 )	
43. PELVIC (Females only) (Check how done)	1 1130			
□ VAGINAL □ RECTAL		(Continue in item	73)	
B. DENTAL (Place appropriate symbols abore or below number of upper a	and lower teeth, respectie	<del></del>		DDITIONAL DENTAL CASES
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1-Nonrestorable teeth XXX-Replaced by dent	ligres	include abutments		•
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73. NOTES (Continued) AND SIGNIFICANT OR INTER	LEFT 18	1000	20	11	100					`.	***************************************
74. SUMMARY OF DEFECTS AND DIAGNOSES (List d	tágnoses with ite	(Use addit ijs numbers)	ional sheet	is if necess	iry).						
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75. RECOMMENDATIONS—FURTHER SPECIALIST EXAM	MINATRONS INDIC	ATED (Specific	······		<del></del>	<u> </u>	75.	- 	C PHYSICAL	PROFILE	<u> </u>
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78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECT	S BY ITEM NUME	BER -	<del>,</del>		- '.		-	1	8	c .	E ,
79. TYPED OR PRINTED NAME OF PHYSICIAN ISMAEL RODRIGUEZ, CPT	MC				ATURE	-red	de		لى <u>ن</u> ئ		<del></del>
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•	13pc or prints		amination report form				
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	3	11	65	72			
	4	14	67	76			
	8	17	68				
46.	·Is necessary unle	ess facilities for affo	ording same are not r	eadily availabl	e.		
48.	Not required unle	ss examinee is over	35 years of age or e	xamination indi	icates such is desirable.		
49.	Is necessary unle	ess facilities for affo	ording same are not r	eadily availabl	e <b>.</b>		
71.	and Special Agen	ts. Applicants for t	he Special Agent pos	ition will not b	pecial Agent applicants be accepted if the hearing eech range (500, 1000,		
Foi	All Examinees, W	hether Clerical or S	pecial Agent Applica	nts or Employe	es:		
The	e medical examiner	should answer the	following question:				
	Examinee	e Zis 🗆 is not	qualified for strenuou	s physical exe	ortion.		
To	be Answered in th	e Case of All Male	Employees and Male	Applicants:			
1.			icting or prohibiting lateral the practical use		on in defensive tactics and		
,	No Yes	If "yes" please spec	ify defects.				
2.			biting safe operation				
	No Yes If "yes" please specify defects.						
3.	least 20/40 in one rective glasses w	e eye and 20/100 in hile operating a mot	the other, corrected or vehicle?  Yes	or uncorrected.	stant vision must test at Should examinee wear cor-		
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67-413797-110

END)

Height	Small Frame	Medium Frame	Large Frame
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5' 5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8".	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10 <b>"</b>	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216
Examinee's frame is		Targe	,
Considering above v I consider his prese	veight table, the examinee's int weight Satisfactory	frame, and other individual ph	ysical characteristics nt

Remarks: _

Andres)

Signature of Medical Examiner

/- 23-64 Date

FD-277 (Rev. 3-6-63) OPTIONAL FORM NO. 10 MAY 1962 EDITION GSA GEN. REG. NO. 27

UNITED STATES GOVERNMENT

### Memorandum

Director, FBI CNEW YORK DATE: March 26, 1968

Attention: Personnel Section

SA NICHOLAS JOHN PURCHIA PHYSICAL EXAMINATION

Remylet	r
ReBulet	•
<u> </u>	
Re physical examination	*
Dental work was completed on	Employee specifically instructed
<del></del>	
(date) by(name of person giving instruction)	_that he can operate a Bureau car
(date) (name of person giving instruction)	
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis serology	were negative.
Enclosed physician's statement indicates he is qualified for strenuou	
Enclosed are paid unpaid medical bills.	*
Attached are Bureau of Employees' Compensation forms	_
Attached are Dureau of Employees Compensation forms	E.Ap. F
Physical examination reports are enclosed.	
Employee is scheduled for physical examination on	
Physical examination report has been reviewed and initialed.	
Employee returned to active duty	•
Employee's physical condition is	· ·
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
	r
	•
Remarks:	

EKG - Non-specific T wave changes - "no importance."

Bureau L-New York

STANOT RECORDED.



FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL

#### TO COMPLETE THIS FORM—

#### FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- · Do not detach any part.

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):					
_	NAME (last) (first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER	
	PURCHIA NICE	CHOLAS J	S 28 13 LOCATION (City, State, ZIP Code)	069 16 6407	
	FB)		NEW YOR	K, N Y. 16021	
3	MARK AN "X" IN ONE OF T	HE BOXES BELOW (do	NOT mark more than one)	<b>:</b>	
	Mark here —	ELECTION OF OPTIONAL	(IN ADDITION TO REGULAR	INSURANCE	
	if you WANT BOTH optional and regular insurance (A)	from my salary, compens	onal optional insurance and au ation, or annuity to pay the ful s in addition to my regular ins	thorize the required deductions I cost of the optional insurance. urance.	
	insurance				
	Mark here ——————————————————————————————————		NAL (BUT NOT REGULAR) II		
	DO NOT WANT OPTIONAL but do want regular insurance  (B)	tional insurance until at le	ast 1 year after the effective da I am under age 50 and preser Id also that my regular insurand	derstand that I cannot elect op- te of this declination and unless it satisfactory medical evidence ce is not affected by this declina-	
	Mark here if you WANT NEITHER regular nor optional insurance  (C)	Insurance Program. I und surance until at least 1 ye I apply for insurance I am surability. I understand a	and I waive coverage under the erstand that I cannot cancel the ar after the effective date of the under age 50 and present sate	ne Federal Employees Group Life nis waiver and obtain regular in- nis waiver and unless at the time isfactory medical evidence of in- er have the \$10,000 additional	
/8	SIGN AND DATE. IF YOU MA		. II LOK EMILTOIN	IG OFFICE USE ONLY	
	COMPLETE THE "STATISTICA" THE ENTIRE FORM TO YOUR		(official re	ceiving date stamp)	
	SIGNATURE (do not print)	\ 1	FEB1	41968	
	Mi cholas	Durchia	1 101		
	DATE '				
	1 february	8,1968	See Table of Effect	tive Dates on back of Original	
OR	IGINAL COPY—Retain in Offic	ial Personnel Folder		STANDARD FORM No. 176-T JANUARY 1968 (For use only until April 14, 1968) 176-101	

#### INSTRUCTIONS TO EMPLOYING AGENCY

- 1. Who must file.—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176—T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
- 2. Automatic cancellation of previously filed waivers.—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176—T, on or before that date.
- 3. Employees failing to file.—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
- 4. Review of completed forms.—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major

discrepancy such as a mark in more than one box.

(b) If the employee marked box **A** or box **C**, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:

Office of Federal Employees' Group Life Insurance (Statistical Study)

4 East 24th Street

New York, New York 10010

- (c) If the employee marked box **B**, detach and destroy the stub.
- 5. Date of receipt and effective date.—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
  - (b) The effective date is determined from the table below.
- 6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.
  - (b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
  - (c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
- 7. Use of SF 176-T.—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

#### TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)			
EMPLOYING OFFICE		OF DECISION	OF DEDUCTIONS		
On or before February 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.		
	Declines optional (but not regular) (box <b>B</b> ).	Declination effective February 14, 1968.			
	Waives regular (so ineligible for optional) (box <b>C</b> ).	Waiver effective last day of pay peri- od in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.		
	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.		
After February 14 but not later than April 14, 1968.	Declines optional (but not regular) (box B).	Declination effective on date of re- ceipt, but employee loses auto- matic optional protection on Feb- ruary 14, 1968.			
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which re- ceived.		
	Waives regular (so ineligible for optional) (box <b>C</b> ).	Waiver effective last day of pay peri- od in which received.	Deductions stop last day of pay pe- riod in which received.		

NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.

2. An employee for whom the agency files SF 176-T because lie failed to file is deemed to have declined optional, but not regular, insurance.

3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filling of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.

4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

		$\mathcal{C}$	' }		
	Name of Employee: _	NICHOLAS J. I	URCHIA	#069-16	-6407
	Where Assigned:	NEW YORK	I	NTERNAL SECU	
	Official Position	St	PECIAL AGE		
	Rating Period: from	APRIL 1, 1967	,to _	MARCH 31,	1968
	ADJECTIVE RATING	EXCELLENT Outstanding, Exc	ellent, Satisfac	tory, Unsatisfactory	Employee's Initials
THOMAS .	Rated by: J. CROKE  Reviewed by: W. HOWELL	Thomas Signature Delect a. Hon	SP.	PERVISOR  Title  ECIAL AGENT  N CHARGE  Title	3/31/68  Date  3/31/68  Date
	Rating Approved	Na lighature	Assi		APR 12 1968)  Date
	O APR 1 5188	Official Annual	Searched Searched OF REPORT	Administre G0-Da G90-Da Trans	y y fer ation from Service





### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee _____NICHOLAS J. PURCHIA

	RATING GUIDE AND CHECK-LIST
Note:	Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be
+ 	compared. RATE ITEMS AS FOLLOWS: Outstanding (exceeding excellent and deserving of special commendation). Excellent. Satisfactory (good or very good).
=	_ Unsatisfactory.
Cuido.	No opportunity to appraise performance during rating period.
1. "O nar 2. "E rat any suc A.	for determining adjective rating: utstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by rative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.  **xccllent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements her than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on y performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of charting factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated. Any element rated "Unsatisfactory" must be supported by narrative comments.  An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.
#	(1) Personal appearance.  (2) Personality and effectiveness of his personal contacts.  (3) Attitude (including dependability, cooperativeness, information.
+	loyalty, enthusiasm, amenability and willingness to equitably share work load).  (4) Physical fitness (including health, energy, stamina).  (5) Reporting ability: (6) Investigative reports (7) Summary reports
+	(5) Resourcefulness and ingenuity.  (6) Forcefulness and aggressiveness as required.  (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  (8) Initiative and the taking of appropriate action on own
	(8) Initiative and the taking of appropriate action on own responsibility.  (9) Performance as a witness.  (19) Performance as a witness.
	(10) Accuracy and attention to pertinent detail.  (11) Penning ability and its application to the work.  (20) Executive ability:  (21) Leadership
	_ (11) Industry, including energetic, consistent application to (b) Ability to handle personnel
-7	_ (12) Productivity, including amount of acceptable work(d) Making decisions
	produced and rate of progress on or completion of assignments. Also consider adherence to deadlines  (e) Assignment of work (f) Training subordinates
A	unless failure to meet is attributable to causes beyond (g) Devising procedures employee's control. (h) Emotional stability
	(13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how"  (i) Promoting high morale (j) Getting results
<u>+</u>	of application.  (14) Investigative ability and results:  (15) Ability on raids and dangerous assignments:  (16) Investigative ability and results:  (17) (a) Internal security cases  (18) As participant
	(a) Internal security cases  (b) Criminal or general investigative cases  (22) Organizational interest, such as making of sug-
	$\frac{-\upsilon}{2}$ (c) Fugitive cases gestions for improvement.
=	$\underline{\underline{0}}$ (e) Accounting cases $\underline{\underline{F}}$ (24) Miscellaneous. Specify and rate:
	(15) Physical surveillance ability.
	ecify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, pervisor, instructor, etc.):  SECURTY
B 97	ecify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):
	INVESTIGATOR
(2	Is employee available for general assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)  Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)
qu	Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual ave or LWOP for illness) during rating period than the amount of sick leave earned during such period? (If answer to either leastion is "yes," explain in narrative comments.)
E. Is If (b	employee qualified to operate a motor vehicle incidental to his official duties? \(\frac{X}{\text{L}}\) Yes \(\text{D}\) No answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
A I	DIECTIVE RATING:EXCELLENTEMPLOYEE'S INITIALS
A	Outstanding, Excellent, Satisfactory, Unsatisfactory

#### NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA is of average height and build. He dresses neatly and makes a fine appearance. He has a likeable personality and is well regarded by his fellow employees.

- 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:
  Although SA PURCHIA has not participated in raids and dangerous assignments during this rating period, he is capable of handling such assignments.
- 3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING

  PERFORMANCE; AND SICK LEAVE INFORMATION:

  There are no limitations on SA PURCHIA's availability and there are no physical limitations affecting his performance.
- 4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigations of Cominfil and Communist front organizations, especially those involving the Jewish field. SA PURCHIA is a most loyal and enthusiastic agent who approaches his work with initiative and forcefulness. He is extremely knowledgeable of Bureau procedures and his work is accurate in detail and planning. He has an outstanding attitude and willingly participates in extra assignments when called upon. He has consistently proven that he can handle the most complicated investigative matters without any supervision.

In connection with the applicant recruitment program, he has remained alert to the Bureau's needs and he has spoken with friends and neighbors to alert them to the employment opportunities in the Bureau.

Initials

#### 5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

By letter dated November 3, 1967, SA PURCHIA was commended for his work pertaining to a recent demonstration in the Washington, D.C. area. He also assisted in two cases in which the NYO was the recipient of a gneral letter of commendation in the security field.

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

NONE

#### 7. PARTICIPATION IN INFORMANT PROGRAMS:

SA PURCHIA has participated in the informant program, but during this rating period did not develop any informants.

#### 8. TESTIFYING EXPERIENCE AND ABILITY:

None during this rating period, but every indication is that SA PURCHIA would be an excellent witness.

#### 9. ACCOUNTING INFORMATION:

NA

#### 10. POLICE INSTRUCTION:

NA

#### 11. RESIDENT AGENTS:

NA

Initials

#### 12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13.	FOREIGN LANGUAGE ABILITY:	NONE				
	Language in which proficient  Completed language school  Fluent in  problems as follows: (1) Conversation  (2) Written form  Evaluate language proficiency in each unsatisfactory  Language	☐ No ge to extent on form ☐ ☐  n ☐ ☐ n phase as ex	Yes ( Yes (	□ No □ No		fair or
	Frequencylanguage	ability used	during	rating per	  riod:	
	Frequency of use of	language ab	ility an	ticipated	during en	suing year:
14.	ADMINISTRATIVE ADVANCEMENT:					
	<ul> <li>(a) Agent is interested in administrate</li> <li>(b) Agent is completely available for</li> <li>(c) Agent is considered completely quadministrative advancement, inclupersonality and appearance.</li> <li>(d) If answer to (c) is "Yes," Agent's very good excellent excellent</li> <li>(e) If answer to (c) is "No," is Agent for future administrative advancement advancement required.)</li> </ul>	administrative ualified at prediction of the control of the control of the control of the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered to the considered t	ve adva esent f nce, ab ns are co have	or ility, considered potential	☐ Yes	X No No No
		PPK_P				MT) Initials

W

read orthe Budget roular A-32 (Rev.)	) OR	OF MEDICAL			~ 60-101-01
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(Use additional sheet 4 SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)	ts if necessary)		76. P	A. PHYSICAL U L	L PROFILE H E
(Use additional sheet  Summary of defects and diagnoses (List diagnoses with item numbers)  S. Recommendations—further specialist examinations indicated (Specify)  None  T. Examinee (Check)	ts if necessary)				н Е
(Use additional sheet  A SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)  To recommendations—further specialist examinations indicated (Specify)  None  To examinee (Check)  B   Is qualified for   Retention in F. B. I.	ts if necessary)			U L	н Е
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46E 55

## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

	ne of Examinee ———————————————————————————————————	PURCHIA	Y/CH(	DLAS First	JOIH N Middle
The	following portions	of the attached exa	amination report form	need not be comple	eted:
	2	9	62	69	
	3	11	65	-72	
	4	14	67	76	
	8	17	68		
45,		n deems one, two	Agent applicants but nor all three of the exarrent employee.		
48.	Not required unless	examinee is over	35 years of age or ex	camination indicate	es such is desirable.
49.	Is necessary unles	s facilities for affo	ording same are not re	adily available.	
71.	and Special Agents	. Applicants for t	fforded whenever posi- he Special Agent posi- either ear in the con-	ition will not be ac	cepted if the hearing
For	All Examinees, Who	ether Clerical or Sp	pecial Agent Applicar	its or Employees:	
The	medical examiner s	hould answer the	following question:		
	Examinee	Tis is not	qualified for strenuou	s physical exertion	1.
To	be Answered in the	Case of All Male I	Employees and Male A	applicants:	,
			icting or prohibiting h ntail the practical use		defensive tactics and
[	≥No ☐ Yes If	"yes" please spec	ify defects.		
- 2.	Does examinee have	any defects prohi	biting safe operation	of motor vehicles?	
	_	_		or motor venicios.	
1	⊒No ∐Yes If	"yes" please spec	city defects.		
	least 20/40 in one or rective glasses whi	eye and 20/100 in le operating a moto	vil Service Commission the other, corrected or vehicle? Yes rother than above sta	r uncorrected. Sho	uld examinee wear cor-
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		. 67-	413797-1	12.	,

	Desirable Weight Ranges for Males						
Height	Small Frame	MediumbFranel 8 AM '69	Large Frame				
5'4"	117 - 125	123 - 135	131 - 148				
5' 5"	120 - 129	126 - 139	134 - 152				
5'6"	124 - 133	130 - 143	138 - 157				
5 <b>'</b> 7"	128 - 137	134 - 148	143 - 162				
5'8"	132 - 141	138 - 152	147 - 166				
5'9"	136 - 146	142 - 156	151 - 170				
5'10"	140 - 150	146 - 161	155 - 175				
5'11"	144 - 154	150 - 166	160 - 180				
6'	148 - 158	154 - 171	164 - 185				
6'1"	152 - 163	158 - 176	169 - 190				
6'2"	156 - 167	163 - 181	174 - 195				
6'3"	160 - 171	168 - 186	178 - 200				
6'4"	169 - 180	178 - 196	188 - 210				
6'5"	174 - 185	182 - 202	192 - 216				

4.	Examinee's frame is small medium large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight
6.	Under proper medical supervision, employee should ilose pounds
	gainpounds
Re	marks:

SAC New York City	12/10/68
Director, FBI Nicholas J. Purchia	
SPECIAL AGENT	
The above-captioned Special A	gent attended the following training course(s)
In-Service: from <u>11/25/68</u>	to <u>12/6/68</u>
Criminal	Accounting
Security Basic	Expert Firearms-Defensive Tactics
Advanced	
Advanced Security - Com	munist Matters
The firearms scores should training record (FD-40). The follow Notebook ———————————————————————————————————	
Rifle — Machine Gun — — —	84
Specialized Training:  MAILED 21 Admin. Firearms: DEC 10 1968	'rom To
COMM-FBI	
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Casper	
Rosen Sullivan Tavel HLS:les Totter Tele. Room Holmes Gandy  MAIL ROOM TELETYPE UNIT	



## UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to File No.

Director Federal Bureau of Investigation United States Department of Justice Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICAT	E AND SUBMIT BOTH COPIES TO T	HE BUREA	.U	•	
Official Bureau Name (ple	ease type or print)	Date	, Š.	Office of Assignment (or SOG Division)	-
SA NICHOLAS	J. PURCHIA		20/68		
	lesignated as my beneficiary for Specia	al Agents I	isurance Fu	ind:	
Name (primary beneficiary	y; use given first name if female)			Relationship	b6
				WIFE	b7
Address	1001				· · · · · · · · · · · · · · · · · · ·
91 BLAUV	ELT ST. TEH! iary, if desired; use given first name i	YECK	, /Y·J		
Name (contingent benefic	iary, if desired; use given first name i	f female)	,	Relationship	
t.			· · · · · · · · · · · · · · · · · · ·		
Address		1			
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Do you desire to designat	te the above-listed beneficiaries as the	e beneficia	y and conti	ngent beneficiary respectively of the	-
Chas. S. Ross Fund as w	vell? Yes 🖂 No If not, the	entire follo	wing portion	n must be executed.	
The fellowing nor	one in desire that are not been distance to		с п.	E : '1' #1500 I !!	4
beneficiary of agents kill	ed in the line of duty, other than traye	naer the Un el accidents	as. 5. koss	Fund providing \$1500 death benefit to	•
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# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J. PURCH	IA #069-16-640°	7
Where Assigned:Official Position Ti	NEW YORK (Division) tle and Grade: SPECIAL AC	SECURITY (Section, Unit) GENT GS-13	
Rating Period: from .	APRIL 1, 1968	to <u>MARCH 31, 19</u>	969
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent,	Satisfactory, Unsatisfactory	Employee's Initials
Rated by:  Reviewed by:  JOSEPH A SHIT  Rating Approved by:	Signature Signature Signature Signature	in Charge Title	3/31/69 Date 3/31/69 Date  R 22 1969  Date
-	TYPE OF R  Official  Annual  3-pip	Secretary  Administration  60-Day  90-Day  Transfe	The second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon

11 APR 26/19/69

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Note Only those items having pertinent bearing on employee's performance should be reted. All employees in same salary grade should be RATE TERMS AS FOLLOWS.  Christopher of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	Name (	of Employee NICH	OLAS J. PURCHIA	_	
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RATE ITEMS AS FOLLOWS:  Outstanding exceeding secondlang excellent and deserving of special commendation.  Satisfactory (good or very good).  Outstanding the second of the state of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	Note:	Only those items havin			ed. All employees in same salary grade should be
Satisfactory (good or very good).  Qualification of the process of the personance during rating period.  Guids for determining offsetive rating:  "Justisfacting" of "Unsatisfactory" adjective ratings will depend upon the composite result of revuluting all residual products and personal considering each workly of Special Commendation and be attached to FD-185n.  The collecting "Assistancery" adjective ratings will depend upon the composite result of revuluting all residual commendations and performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding and such activities and the performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding and State of the (96-day) prior warming, and (3) the efforts made after the warming to the performance is unsatisfactory. (2) the facts of the (96-day) prior warming, and (3) the efforts made after the warming to help the employee bring his performance up to a satisfactory level and must be attached to FD-185n.  (1) Personal appearance.  (2) Personality and effectiveness of his personal contacts.  (3) Attitude timelating dependability, cooperativeness, continued to the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the	<u>+</u> -	RATE ITEMS AS FOLI Outstanding (exceeding		ndation).	
Guids, for determining adjective roting:  1. Outstanding's adjective rating requires (A) that all elements be + and (B) that gach and avery rated element be factually justified by violation of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property	<u></u>	<ul> <li>Satisfactory (good or v</li> </ul>	ery good).		
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Attitude (including dependability, cooperativeness, loyalty, enhusiasem, amenability and willingness to equitably share work load).   (a) Reporting ability:   (b) Consider, including cality, energy, stamina).   (b) Resource/fixes sind using sality, energy, stamina).   (c) Forcefulness and aggressiveness as required.   (d) Augment, including common sense, ability to derive at proper conclusions, ability to define objectives.   (d) Initiative and the taking of appropriate action on own responsibility.   (e) Recovered the taking of appropriate action on own responsibility.   (e) Recovered the taking of appropriate action on own responsibility.   (e) Recovered the taking of appropriate action on the taking of application to duties.   (f) Recovered the taking of application to duties.   (f) Recovered the taking of application to duties.   (f) Recovered the taking of application.   (f) Recovered the taking of applicati	-‡_	(1) Personal appeara	nce.	(16)	Firearms ability.
equitably share work load).  (4) Physical filtess (including health, energy, stamina).  (5) Resourcefulness and ingenuity.  (7) Judgment, including common sones, ability to arrive at Judgment, including common sones, ability to arrive at Judgment, including common sones, ability to arrive at Judgment, including common sones, ability to arrive at Judgment, including common sones, ability to arrive at Judgment, including of appropriate action on own responsibility.  (8) Investigative reports  (Consider: Loonsjeeness; ±clarity; ±coganization; ±thoroughness; including common sones, ability to arrive at Judgment and the taking of appropriate action on own responsibility.  (9) Planning ability and its application to the work.  (10) Accuracy and attention to pertinent detail.  (11) Investigative as a witness.  (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  (13) Knowledge of ducies, instructions, rules and regulations, of application.  (14) Investigative ability and results:  (15) Playsical surveillance ability.  (16) Producting high morale  (17) Training subordinates unless failure of ducies, instructions, rules and regulations, of application.  (18) Devising procedures  (19) Performance as a witness.  (19) Performance as a witness.  (20) Ability to handle personnel  (21) Ability to handle personnel  (22) Devising procedures  (23) Executive ability.  (24) Ability to handle personnel  (25) Executive ability.  (26) Executive ability.  (27) Ability to handle personnel  (28) Devising procedures  (29) Powising procedures  (20) Powising procedures  (21) Promoting high morale  (22) Devising procedures  (23) Executive ability.  (24) Ability to handle personnel  (25) Executive ability.  (26) Executive ability.  (27) Training subordinates  (28) Devising procedures  (29) Devising procedures  (29) Devising procedures  (29) Devising procedures  (21)	二	<ul> <li>(3) Attitude (includir</li> </ul>	ng dependability, cooperativeness,	1 .	information.
(4) Physical fitness (including health, energy, stamina). (5) Resourcefulness and ingenuity. (6) Forcefulness and aggressiveness as required. (7) Judgment, including common sense, ability to arrive at the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	١	equitably share w	ork load).	(18)	Reporting ability:
(Consider:conciseness;clarity;	<u></u>	- (4) Physical fitness	(including health, energy, stamina).		(b) Summary reports
19   Performance as a witness.   19   Performance as a witness.   10   Performance as witness.   10   Performance as witness.   10   Performance as witness.   10   Performance as witness.   10   P	- <u>‡</u>	<ul> <li>(6) Forcefulness and</li> </ul>	aggressiveness as required.		(Consider:tconciseness;tclarity;
19   Performance as a witness.   19   Performance as a witness.   10   Performance as witness.   10   Performance as witness.   10   Performance as witness.   10   Performance as witness.   10   P		(7) Judgment, includ	ing common sense, ability to arrive at as, ability to define objectives.		torganization; T thoroughness;
(9) Planning ability and its application to the work.  (10) Accuracy and attention to pertinent detail.  (11) Industry, including energetic, consistent application to duties.  (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  (12) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  (14) Investigative ability and results:  (15) Reminder of application.  (16) Criminal or general investigative cases  (17) (18) Applicant cases  (18) (19) Promoting high morale in promoting the participant of application.  (19) Cetting results  (21) Ability or raids and dangerous assignments:  (22) Organizational interest, such as making of suggestions for improvement.  (23) Ability to work under pressure.  (24) Applicant cases  (25) Physical surveillance ability.  (26) Republicant cases  (27) Ability to work under pressure.  (28) Ability to work under pressure.  (29) A	<u>t</u> _	<ul> <li>(8) Initiative and the</li> </ul>	taking of appropriate action on own	A 400	of leads; _=_administrative detail.)
## (10) Accuracy and attention to pertinent detail.  ## (11) Industry, including energetic, consistent application to duties.  ## (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond unless failure to meet is attributable to causes beyond unless failure to meet is attributable to causes beyond including readiness of comprehension and "know how" of application.  ## (14) Investigative ability and results:  ## (14) Investigative ability and results:  ## (15) Criminal or general investigative cases  ## (20) Criminal or general investigative cases  ## (21) Applicant cases  ## (22) Organizational interest, such as making of suggestions for improvement.  ## (15) Physical surveillance ability.  ## (27) Applicant cases  ## (28) Applicant interest, such as making of suggestions for improvement.  ## (21) Experiment of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, instructor, etc.):  ## (15) Physical surveillance ability.  ## (29) Applicant squad, or as Resident Agent, instructor, etc.):  ## (20) Experiment of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of th	_ <u>:</u> ‡_	(9) Planning ability	and its application to the work.		Executive ability:
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assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.  1 (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  2 (14) Investigative ability and results:	<u></u>	. (12) Productivity, inc	luding amount of acceptable work		
## (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  ## (14) Investigative ability and results:  ## (12) Investigative ability and results:  ## (13) Internal security cases  ## (14) Investigative ability and results:  ## (14) Investigative ability and results:  ## (15) Promoting high morale  ## (16) As leader  ## (17) Organizational interest, such as making of suggestions for improvement.  ## (18) Physical surveillance ability.  ## (19) Organizational interest, such as making of suggestions for improvement.  ## (22) Ability to work under pressure.  ## (23) Ability to work under pressure.  ## (24) Miscellaneous. Specify and rate:  ## (25) Plotation ability.  ## (27) Ability to work under pressure.  ## (23) Ability to work under pressure.  ## (24) Miscellaneous. Specify and rate:  ## (25) Plotation ability.  ## (27) Ability to work under pressure.  ## (23) Ability to work under pressure.  ## (23) Ability to work under pressure.  ## (24) Miscellaneous. Specify and rate:  ## (25) Plotation ability.  ## (27) Ability to work under pressure.  ## (23) Ability to work under pressure.  ## (24) Miscellaneous. Specify and rate:  ## (25) Plotation ability.  ## (25) Ability to work under pressure.  ## (25) Ability to work under pressure.  ## (26) Ability to work under pressure.  ## (27) Ability to work under pressure.  ## (28) Ability to work under pressure.  ## (29) Ability to wor		assignments. Al	so consider adherence to deadlines		(f) Training subordinates
1 (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  1 (14) Investigative ability and results:  1 (15) Criminal or general investigative cases  2 (b) Criminal or general investigative cases  2 (c) Fugitive cases  2 (d) Applicant cases  4 (22) Organizational interest, such as making of suggestions for improvement.  4 (a) Applicant cases  4 (23) Ability to work under pressure.  4 (24) Miscellaneous. Specify and rate:  1 (25) Physical surveillance ability.  2 (26) Pugitive cases  4 (27) Ability to work under pressure.  4 (28) Ability to work under pressure.  4 (29) Physical surveillance ability.  4 (29) Physical surveillance ability.  5 (20) Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):  5 (11) Is employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):  1 (21) Trestigator  5 (22) Organizational interest, such as making of suggestions for improvement.  5 (27) Ability to work under pressure.  (28) Ability to work under pressure.  (29) Ability to work under pressure.  (20) Ability to work under pressure.  (20) Ability to work under pressure.  (21) Miscellaneous. Specify and rate:  (22) Organizational interest, such as making of suggestions for improvement.  5 (29) Exployee (see many the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pressure of the pr	_1_	employee's contr	ol.		! (h) Emotional stability
As Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):    Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):	<u> </u>	(13) Knowledge of dut	ies, instructions, rules and regulations,		(i) Promoting high morale
(14) Investigative ability and results:	1	of application.	<u>-</u>	<u>_</u> (21)	Ability on raids and dangerous assignments:
C. (c) Fugitive cases  ——————————————————————————————————	— <u> </u>	_ (14) Investigative abi	lity and results:		(a) As leader
A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):    Security		(b) Crimi	nal or general investigative cases	<del></del>	Organizational interest, such as making of sug-
A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):  Security  B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):  Investigator  C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  Q. 1. Has employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  D. 1. Has employee had an abnormal sick leave record during rating period?		(d) Appli	cant cases	<u>+</u> (23)	gestions for improvement. Ability to work under pressure.
A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):    Security		(15) Physical surveill	unting cases	E_ (24)	Miscellaneous. Specify and rate:
Security  B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):		_ (10) I hysical survein	ance ability.		Applicant Recruitment
Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):	A. Spe	ecify general nature of a pervisor, instructor, etc.	):	as security, crim	ninal, applicant squad, or as Resident Agent,
C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  D. 1. Has employee had an abnormal sick leave record during rating period?2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period?(If answer to either question is "yes," explain in narrative comments.)  E. Is employee qualified to operate a motor vehicle incidental to his official duties? X Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.	_				
C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  1. Has employee had an abnormal sick leave record during rating period?	B, Spe	ecify employee's most no		tor, desk man, res	search, instructor, speaker):
comments.)  (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  D. 1. Has employee had an abnormal sick leave record during rating period?			Investigator		
(2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  1. Has employee had an abnormal sick leave record during rating period?		comments )			
question is "yes," explain in narrative comments.)  E. Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee qualified to operate a motor vehicle incidental to his official duties?   Is employee q	(2)	Is employee available	for special assignment wherever needs of se	ervice require? $\underline{\underline{Y}}$	es (If answer is not "yes," explain in narrative
EV CIET T ENID	que	estion is "yes," explain	in narrative comments.)		
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS	Is If (b)	employee qualified to op answer is "yes," person Is physically fit to driv	erate a motor vehicle incidental to his offic tel file must reflect the following: (a) Has re. (c) Past safe driving record OK or has	ial duties? X X valid State or loc passed Bureau ros	Yes No No all operator's license for type vehicle he is to use. ad test.
	AF	HECTIVE DATING.	EXCELLENT		EMPLOYEE'S INITIALS

Outstanding, Excellent, Satisfactory, Unsatisfactory

#### NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA PURCHIA presents a neat and proper appearance and dresses in good business taste. He has a friendly and pleasing personality and is effective in his personal contacts.

- 2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

  SA PURCHIA is capable of participating in raids and dangerous assignments and has done so in past rating periods.
- 3. <u>LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:</u>

None.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA PURCHIA has been assigned cases involving investigation of Communist front organizations, especially those involving the Jewish field. (He carefully supervises his own work, meeting all deadlines, and invariably does a superior job. He has consistently proven he can handle the most complicated investigative matters with a bare minimum of supervision. SA PURCHIA is a dependable, conscientious person. He voluntarily participates in extra duty assignments. His overall performance is excellent.

SA PURCHIA has participated in the Bureau's applicant recruitment program.

Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

SA PURCHIA was one of a number of New York Agents who received a general letter of commendation dated May 28, 1968.

6. <u>DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:</u> (List items taken into consideration on rating guide and check list.)

None.

7. PARTICIPATION IN INFORMANT PROGRAMS:

SA PURCHIA has participated in the informant program. He handles an informant and a panel source, and has developed one PSI during this rating period.

8. TESTIFYING EXPERIENCE AND ABILITY:

None during this rating period, but every indication is that SA PURCHIA would be an excellent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE: NA

13.	FO	REIGN LANGUAGE ABILITY: None	•				
	Con Flu prol	nguage in which proficient	] Yes ] Yes	□ No □ No			
	w	Language	Read	Write	Speak	<u>Understa</u>	ınd
		quencylanguage ability use				ling year:	_
14.	AD	MINISTRATIVE ADVANCEMENT:					
	(a)	Agent is interested in administrative advance	ement	<del>[-</del>	7 Yes	IXI No	
		Agent is completely available for administra		∟ ancement. ٔ ⊏	_	□ No	
		Agent is considered completely qualified at administrative advancement, including exper personality and appearance.	present :	for	∃ Yes	□ No	
	(d)	If answer to (c) is "Yes," Agent's qualificat very good excellent outstandi		considered	<b>-</b>	,	
	(e)	If answer to (c) is "No," is Agent considered for future administrative advancement? (If an explanatory comments required.)			] Yes	□ No	

Initials



#### UNITED STATES GOVERNMENT

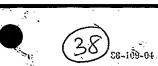
## Memorandum

то	: Director, FBI	DATE: February 18, 1969
FRØ	N BAC, NEW YORK	Attention: Personnel Section
SUBJ	SPECIAL AGENT	
	PHYSICAL EXAMINATION	
	Remylet	
[]	X Re physical examination  Dental work was completed on	
	Vision has been corrected to	
	only when wearing the necessary glasses.  Results of chest X ray patch test u	rinalysis serology were negative.
	<ul><li>☐ Enclosed physician's statement indicates he is</li><li>☐ Enclosed are ☐ paid ☐ unpaid medical bills</li><li>☐ Attached are Bureau of Employees' Compensation</li></ul>	
[]	<ul> <li>Physical examination reports are enclosed.</li> <li>Employee is scheduled for physical examination</li> </ul>	on
	X Physical examination report has been reviewed	
L	Employee returned to active duty  Employee's physical condition is	
į	UACB he is being removed from limited duty.	\$7.Mg.
	UACB he is being placed on limited duty.	S7-NOT RECORDED.
F	Remarks: Diverticulitis - 1956;	Asymptomátic now.
	1 Bureau 1 New York	
	FJI: emp (2)	
	ENCLOSURE PRODUCE	
	V TREALLY	

j.: FGB28.

THREE





alar A-32 (Rev.)	. EVWMINAW	r.A.	28-109-04
PAST NAME—FIRST NAME—MIDDLE NAME  PAST CHIEF NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME—FIRST NAME—MIDDLE NAME  PAST NAME NAME  PAST NAME NAME  PAST NAME NAME NAME  PAST NAME NAME NAME NAME NAME NAME NAME NAME	2. GRADE AND COMPO	NENT OR POSITION	3. IDENTIFICATION NO.
HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAM	NATION	6. DATE OF EXAMINATION
	ANNUAL		11/25/69
SEX 8. RACE 9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT	
MILITARY CIVILIAN	FBI		•
DATE OF BIRTH 13. PLACE OF BIRTH		HIP, AND ADDRESS OF NEX	T OF KIN
128/13 NEWYORK CITY, USA			
EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAD.	16. OTHER INFORMAT	ON .	
FORT HAMILTON, BROOKLYN, MY			**
RATING OR SPECIALTY	TIME IN THIS CAPACITY	(Total)	LAST SIX MONTHS
		•	, · · ·
CLINICAL EVALUATION NOTES. (Describe eve	ry abnormality in det	ail. Enter pertinent	item number before each
7k-   Concok cactificati it appropriate COI- [ABICK-]	Continue in item 73 a	nd use ådditional shee	item number before each ets if necessary.)
AL umn; enter "NE" it not evaluated.) MAL  MR. HEAD, FACE, NECK, AND SCALP			
	F	. •	_ / us *_ (*
19. NOSE	, .	<del>-</del> .	•
20 SINUSES		•	
21. MOUTH AND THROAT			
122 EARS—GENERAL (Int. & ext. canals) (Auditory) acuity under ilems 70 and 71)			11 2
23. DRUMS (Perforation)			
24. EYES—GENERAL (Visual acuity and refraction under ilems 59, 60 and 67)			
25 OPRTHALMOSCOPIC			2
26 FUPILS (Equality and reaction)	- 1 h		,
COULAR MOTILITY (Associated parallel move-			N 1 * 4
28 LUNGS AND CHEST (Include breasts)	•		•
29. HEART (Thrust, size, rhythm, sounds)	, .		
30. VASCULAR SYSTEM (Varicosities, etc.)	4 · · · · · · · · · · · · · · · · · · ·		
31. ABDOMEN AND VISCERA (Include hernia)	1		
31. ABDOMEN AND VISCERA (Include hernia)  32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)  33. ENDOCRINE SYSTEM  Herry  H	In Cetory		
33. ENDOCRINE SYSTEM	station it	, 1	
34. G-U SYSTEM			<b>y</b>
35. UPPER EXTREMITIES (Strength, range of motion)	t. Tan	G // 10	
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37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	, ,	47	1. S Mayon
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS JCAN aech		, a	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
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40. SKIN, LYMPHATICS		- m-	
1. NEUROLOGIC (Equilibrium tests under ilem 72)		TO TAMOD	, •
AZ. PSYCHIATRIC (Specify any personality deviation)	* * * * * * * * * * * * * * * * * * *		* .
43. PELVIC (Females only) (Check how done)			•
□ VAGINAL □ RECTAL			
		ie in item 73)	- 1
. DENTAL (Place appropriate symbols above or below number of apper and lower teeth, respectively.)  O—Restorable teeth  X—Missing teeth		REMARKS AND DEFECTS AND	DADDITIONAL DENTAL DISEASES
O—Restorable teeth   -Nonrestorgile teeth	(6 X 8)—Fixed bridge, brace include abutme		20 :
ov (XXX)	VVV	X	
1 6 7 8 9 10 11 12	13 14 15	16 E	AL CONTRACTOR
G H 32 31 30 29 28 27 26 25 24 23 22 21	20 19 18	17 F	
TY X		<b>*</b>	
LABORATORY FI	NDINGS		
. URINALYSIS: A. SPECIFIC GRAVITY 1.015		Place, date, film number g	nd result)
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	דו לתשמט		* ,
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SUGAR negative negative	) 50 200	/ / // Neg 251	lovoa nia Keadina
116890176	50. OTHER TESTS	/ // // Neg 25N	lovoy Dry Reading
SUGAR negative negative 7. SEROLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE AND RE	50. OTHER TESTS	/ / // Neg 25N	lov69 Dry Reading

Pafed 15 1070

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				ħ	MEASURE	MENTS AND	OTHER							.'	
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00	6	<del>&gt;</del>		A DEFEN		Vous	Concon	1	· · ·	105 ( (	·			<u> </u>	
	OOD PRESSURE B.	SYS.		C. s	YS.	A. SITTING	-   E	. AFTER			m at heart le IH. AFTER		UMBENT	E. AFTE	RSTANDING
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ES°	EX°		R. H.	•	ORTHO L ^H -20:	PHORIA Ct. Pris	M DIV.			CONV.	3	-	PC	-	PD
63. ACCO	MMODATION		64. 0	OLOR VI	SION (Test	used and rest	ılt)	·	65. DE	PTH PER	CEPTION	. 1	UNCÖRR	ECTED	ş
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66. FIELD OF VISION			67. 1	IIGHT VIS	ION (Țest	used and score	<b>(</b> )	-	68. RE	D LENS	TEST		69. INTR	ACCULAR	TENSION 4.6
70. HE	ARING		71.	·		Oldua	METER	· · · · · · · · · · · · · · · · · · ·	<del></del>		72: PSYCHOI (Tests u	ogical sed and	AND PSY score)	сномото	R _{oot} ,
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LEFT WV	/15 SV	•	/15 LEF	- i	0	0 0	<del>ا</del> کر	20	M	0					· .
18t	h Dec.6	9 A. P.M.	M. 14 150/	0/82	,		ţ*.	*				-		· .	
19t	h Dec.6	69 A.		- 6/86			4					, , , , , , , , , , , , , , , , , , ,	,		
1		69 A. P.N	M. 12 I. 148	6/86 /88		c additional sh	sects if neces	ssary)						4	
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74. SUMMARY OF DEF	ald ele Allero	69 A. P.N GNOSES (I	M. 12 1. 148 ist diagnose shooth	6/86 /88 with ite	m number	gyaryc	* ;	ssary)			76.		<del></del>	PROFILE	11.
74. SUMMARY OF DEF	rects and diag	SPOSES (I	M. 12 1. 148  ist diagnose  shoth	6/86 /88 s with ite	m number	g   Ofy ( ecify).	yet	ssary)					HYSICAL	PROFILE H	ES
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## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nan	ne of Examinee Type or print)	PURCHIA	MICHOLAS Last	JOHN First	Middle
The	e following porti	ons of the attached e	xamination report for	n need not be con	npleted:
	3	9	62	69	
	4	11	65	72	
,	8	14	67	76	
		17	68		
45,	any other appli	required for all Special cant unless the examinecessary. 45, 46 and	ining physician deem	s one, two, three	or all four of the
48.	Not required u	nless examinee is ove	er 35 years of age or	examination indic	cates such is desirable.
71.	and Special Ag	gents. Applicants for	the Special Agent po	sition will not be	ecial Agent applicants e accepted if the hearing ech range (500, 1000,
For	All Examinees	, Whether Clerical or	Special Agent Applic	ants or Employee	s;
The	e medical exami	ner should answer the	following question:		. ,
	Exami	nee is is not	qualified for strenuo	us physical exer	tion.
To	be Answered in	the Case of All Male	Employees and Male	Applicants:	
1.		have any defects rest gnments which might e			in defensive tactics and
	No □ Yes	If "yes" please spe	ecify defects		
2.	Does examinee	have any defects prol	hibiting safe operatio	n of motor vehicl	es?
	⊠ No □ Yes	s If "yes" please spo	ecify defects		
3.	least 20/40 in rective glasses	-	the other, corrected tor vehicle?   Yes	or uncorrected.	tant vision must test at Should examinee wear cor-
			granosure (	67-413	197-114

Height	Desirable Weight Ra	Medium Frame	Large Frame
5'4"	Fun 2.1 117 - 125	123 - 135	131 - 148
5' 5"	12 52 PH '7U 120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	l l 158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	i i 178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216
I consider his pres	is small medium weight table, the examinee's frent weight Satisfactory cal supervision, employee shoul	Excessive Deficie	• .
emarks:		3	
	ט	- D Low	back, edical Examiner

Date



UNITED STATES GOVERNMENT

## Memorandum

· /	r, FBI	DATE: P	
FROM MEAC,	NEW YORK  NICHOLAS J. PURCHIA  SPECIAL AGENT  PHYSICAL EXAMINATION	Attentio	n: Personnel Section
	temylet		
Dental wo	ek was completed on been corrected to		. Employee specifically instructed
Results of Enclosed p	(name of person give wearing the necessary glasses.  chest X ray patch test urine physician's statement indicates he is quare paid unpaid medical bills.  re Bureau of Employees' Compensation	alysis  serology	s physical exertion and use of firearms.
only when  Results of Enclosed of Enclosed of Attached of  Employee Employee Employee UACB he	wearing the necessary glasses.  chest X ray patch test urin physician's statement indicates he is quare paid unpaid medical bills.	alysis  serology alified for strenuous forms  dimensions di initialed.	were negative. s physical exertion and use of firearms.

56 SPEB 6 1970

FORM 3-542 (9-14-64) APPROVED COMP. GEN. U.S. 4-5-63 IN LIEU OF SF 1126

## FEDERAL BUREAU OF INVESTIGATION

NAME:	LAST, FIRST,	MIDDLE				, <del>, , ,</del>	SOCIAL	SECURITY NUMBER
		PLRCHIA NICHOL	AS J				(	369-16-6407
				NOTIFICATION OF BA	ASIC CHANGE			
CODE	NATURE OF	ACTION				EFFECTIVE DATE		DATE OF LAST EQUIV. IN
	892—QI	JALITY INCREASE		896—ADMIN. PA	Y INCREASE		<b>1</b>	
X	893WI	THIN GRADE INCREASE		897—ADMIN. PA	Y DECREASE			
	894—P/	Y ADJUSTMENT		OTHER (SPECIFY	IN REMARKS)	8/24/6	59	8/28/66
GRADI	OR LEVEL	STEP OR RATE	OLD SAL	ARY	<del></del>	NEW SALAR		
G	S-13	STEP 8		\$18.	974.00			\$19,501.00
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PERIO	D(S)			ТОТА	L EXCESS	N PAY STATUS AT E	ND OF W	AITING PERIOD INITIALS
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				i		١	res	1/10
					<u> </u>		412	
X	EMBLOV	EE'S WORK IS OF AN ACCEPT	ARIELEVEL	OF COMPETENCE				•
	] CIVILLO	EES WORK IS OF AIN ACCEPT	Warr fri er	OF COMIT EFFICE,	ı			
	THE OV	EE'S PERFORMANCE RATING	IC CATICEAC	וחסע חס פבדדבם				
	J EIMIPLOT	ges performance rating	IS SKIISTAC	A		<b>M</b>		
	D. ( )		TOTO	7 /	Long	an offe	101	m
REMA	RKS: A7	NOT RECO	RDEL					8/21/6
	W	12 SEP 5 1	969 1	///				(DATE)
	ž.							
		12 SEP 5 1	Secure - my star - mysteriological			l		

## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Name of Employee: _	NICHOLAS J. (PURC	CHIA #069-16-6	5407
Where Assigned: _	NEW YORK (Division)	SECURITY (Section, Unit)	
Official Position	Title and Grade: SPECIAL AC	GENT GS-13	
Rating Period: from	APRIL 1, 1969	toto	1970
ADJECTIVE RATING	EXCELLENT Outstanding, Excellent,	Satisfactory, Unsatisfactory	Employee's Initials
Rated by:	Signature	Supervisor  Title Special Agent	3/31/70 Date b6
Reviewed by:	Olyand Jamble	In Charge	3/31/70 Date ~
JOSEPH H. CAM		Assistant Director	APR 16 1970,
Rating Approved by:	W. Signatured his al	Title	Date
	TYPE OF R	EPORT	·
	X Official Annual  REC-141 67-4-379	Administration  60-Day  90-Day  Transfer  Separation  Special	
3 apr 161970	Deta	13 1970 36	·

### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL (For use as attachment to Performance Rating Form FD-185)

£	
Name of Employee NICHOLAS J. PURCHIA	
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade compared.	should be
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)	
	4 27
<ul> <li>Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item of Unsatisfactory rating must be supported in writing.</li> <li>No opportunity to appraise</li> </ul>	r overaii
(Use INK for Checklist - DO NOT TYPE) CHECKLIST AND NARRATIVE COMMENTS	
1. Personal appearance. 2. Personality and effectiveness of his personal contacts.	-
2. Personality and effectiveness of his personal contacts.  3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably sha	re work load).
4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations as performance, and sick leave information. Has employee used more sick leave (including annual leave for illness) during the rating period than the amount of sick leave earned during such period? (If "year annual leave than the amount of sick leave earned during such period?)	fecting e or LWOP
5. Resourcefulness, ingenuity, and initiative.	
6. Forcefulness and aggressiveness as required.	
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  8. Planning of work.	
9. Accuracy and attention to pertinent detail.	
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Als adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.	o consider
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of app	
12. Investigative results (rate applicable cases) 12. Investigative; 2 B. Criminal or General Investigative;	
Complexity of investigative matters handled: None Moderate Most complicated.	
Complexity of investigative matters handled: None Moderate Most complicated.  Degree of supervision required: Above average Average Minimum None  COMMENT on type of work handled entire rating period and appraisal of overall work performance:	*
SA PURCHIA has been assigned cases involving investigation of communist front organizations, especially those involving the Jewish field. (He carefully supervises his own work, meeting deadlines, and invariably does a superior job. He readily accepts responsibility, is always willing to be of assistant and is most cooperative.) His overall performance is excelled	e; all
SA PURCHIA has participated in the Bureau's applicant recruip program through contact with friends and neighbors and school and church officials.	tment
A. Is employee available for general assignment Yes; special assignment Yes; wherever needs of service require?	
B. Is employee qualified to operate a motor vehicle incidental to his official duties? X Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle h (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.	e is to use.
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or Agent, supervisor, instructor, etc.):  Security	
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS	at

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Check)	list	and Narrative Comments continued
E	13.	Firearms
		Development of informants and sources of information. COMMENT on participation in this program.
		Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of th
		SA PURCHIA developed one ghetto informant and one PSI, who had been a Panel Source.
+	15.	Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
بير		A. Investigative reports;B. Summary reports;C. Memos, letters, wires
<u> </u>	16.	Performance as a witness. During rating period: Based on past performance: No experience.
NA	17.	EXECUTIVE evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents, 1
		A. Leadership F. Devising procedures  B. Ability to handle personnel G. Promoting high morale  C. Making decisions H. Getting results  D. Assignment of work I. Furthering equal employment opportunity.
		C. Making decisions H. Getting results L. Furthering equal employment opportunity.
E		E. Training subordinates
	.18.	Raids and dangerous assignments; OA. As leader; EB. As participant
	.19.	Miscellaneous. Specify and rate:  Dictation; Applicant recruitment; Other
_AYA_	20.	Police Instruction:  Qualified Participated Audited
	21.	Foreign Language Ability: Proficient in NA language(s). Can handle typical investigative problems as follows:
		A Conversation form
		(language)
		B. Written form Excellent Very Good Good Fair Unsatisfactory language ability used during rating period
	00	Anticipated use during ensuing year
	ZZ.	Administrative Advancement: (Check block if not interested.)  A. Yes No Agent is completely available for administrative advancement.  B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality
•		B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
		C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding EXPLAIN if interested but not now qualified.
		EAFLAIN II interested but not now qualified.
	92	Number of Incentive Awards O Commendations or received from Director. Suggestions submitted O.
		Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)
	44.	Disciplinary Action and Justification for any Unsatisfactory Items.   Note than the Consideration on Checkets.

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

## Memorandum

TO

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DIRECTOR, FBI

DATE:

4/9/70

b6 b7C

FROM

Miss

SAC, NEW YORK

NICHOLAS J. PURCHIA

SPECIAL AGENT FOREIGN TRAVEL min Junion

SUBJECT:

SA NICHOLAS J. PURCHIA has advised he is contemplating a European trip starting September 10, 1970, and ending October 8, 1970. He intends visiting France, Spain and Portugal. No Iron Curtain country will be visited by him. He has sufficient accrued annual leave to cover his European trip.

UACB, permission is granted for SA PURCHIA to travel to Europe.

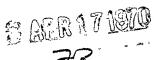
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REC-143

67-4-13797-116 Numbered______ 5 APR 14 1970 36

2- Bureau (RM) 1- New York

NJP:ptp (3)



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

eau of the Buckler A-32 (R	ev.)		KEP	ORT OF	MEDIC	AL EX	AMIN	ATION	В	88–114 OB approval No. 80–R157
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22. EARS 23. DRUII 24. EYES 25. OPHI 26. PUPI 27. OCUL 28. LUNC 29. HEAR 30. VASC 31. ABDO 52. ANUS	TH AND THROAT  GENERAL (Int. & e acuity un as (Perforation)  GENERAL (Visual a under ite: HALMOSCOPIC  AR MOTILITY (Association)  SAND CHEST (Incl. of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	neuity and refi	move-	(32) nor	De mel 9	eital	e S	fam	_ ~ Pros	Lefe SO, Es +SOFF, No Ma
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45. URINALYSIS: A. SPECIFIC GRAVITY 1.020

B. ALBUMIN negative D. MICROSCOPIC

C. SUGAR negative WBC 3-4

47. SEROLOGY (Specify test used and result)

CMF Negative CMF Negative Attached

Attached

LABORATORY FINDINGS

46. CHEST X.RAY (Place, date, film number and result) US ARMY MEDICAL CLINIC, FT HAMILTON

US ARMY MEDICAL CLINIC, FT HAMILTON

C-3/747 BKLYN, NY 11252

Neg 19Nov70 Dry Reading

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74. SUMMARY OF DEFI		List dia	gnoses w	ith item			al shee	ts if necess	ату)						
Hype	version														
75. RECOMMENDATION	FURTHER SPECIALIS	T EXAM	INATIONS	INDICAT		,		,,, <u>,</u>				76.		PHYSICAL	<del></del>
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3															

January 8, 1971

Mr. Nicholas Purchia had been treated in this office for hypertension which is now normal and is fit to resume his regular duties.

Robert E. Fortone md.

ROBERT E. PONTONE, M.D.

&D-800	(Rêve	3-27-69)

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	For Information and Gu	-		* · · ·
Name of Examinee (Type or print)	PURCHIA		ICHOLAS	JOHN
*	ons of the attached examinat	ion report fo	orm need not be com	ipleted:
			,	•
3	9	62	69	
<del>4</del> , 8	11	65 67	72	•
	14	67 69	76	•
	17	68		•
15 46 47 and 49.	required for all Special Agen	t and ERIN	ational Academy or	uplicants but not for
any other appli	cant unless the examining phecessary. 45, 46 and 47 are	nysician dee	ms one, two, three	or all four of the
18. Not required u	nless examinee is over 35 ye	ars of age o	r examination indic	ates such is desirable.
and Special Ag	aminations should be afforder gents. Applicants for the Spe a 15 decibel average in either	ecial Agent	position will not be	accepted if the hearing
For All Examinees	, Whether Clerical or Special	Agent Appl	icants or Employee	s:
The medical exami	ner should answer the follow	ing question	:	
Examir	nee is is not qualifi	ed for stren	uous physical exert	ion.
To be Answered in	the Case of All Male Employ	ees and Ma	le Applicants:	•
	have any defects restricting mments which might entail th	-		in defensive tactics and
□ No □ Yes	If "yes" please specify de	fects		
<del></del>	,			у
2. Does examinee	have any defects prohibiting	safe operat	ion of motor vehicle	es?
No □ Yes	If "yes" please specify de	efects.		
least 20/40 in or rective glasses	g of motor vehicles, Civil Serone eye and 20/100 in the other while operating a motor vehion is based on a factor other	her, correcte icle?Y	ed or uncorrected. Ses 🖾 No	Should examinee wear co
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Desirable Weight Ranges for Males

NEU U AU. Desirable Weight Ranges for Males will. DIV.								
Height	F Small Frame	Medium Frame	Large Frame					
5'4"	3 4 257 124	MAR 3 - 435 PH 1971	131 - 148					
5' 5" Mar	120 - 129	126 - 139	134 - 152					
5'6"	124 - 133	130 - 143	138 - 157					
5'7"	128 - 137	134 - 148	143 - 162					
5'8"	132 - 141	138 - 152	147 - 166					
5'9"	136 - 146	142 - 156	151 - 170					
5'10"	140 - 150	146 - 161	155 - 175					
5'11"	144 - 154	150 - 166	160 - 180					
6'	148 - 158	154 - 171	164 - 185					
6'1"	152 - 163	158 - 176	169 - 190					
6'2"	156 - 167	163 - 181	174 - 195					
6'3"	160 - 171	168 - 186	178 - 200					
6'4"	169 - 180	178 - 196	188 - 210					
6'5"	174 - 185	182 - 202	192 - 216					

4.	Examinee's frame is small medium large
5.	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should losepounds
	gainpounds
Re	marks:
	,

Sacharal Lith
Signature of Medical Examiner

19 Mod 20 Date

## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Name of Employee: NICHOLAS J. PUI	) RCHIA #069-16-6407
Where Assigned:  NEW YORK (Division)  Official Position Title and Grade: SPECIAL	SECURITY (Section, Unit)  AGENT GS-13
Rating Period: from APRIL 1, 1970	toMARCH 31, 1971
ADJECTIVE RATING: EXCELLED  Outstanding, Excelled	NT Employee's Initials ent, Satisfactory
Reviewed by:  Signature  Signature  Signature  Signature  Signature  Rating Approved by:  Signature	Supervisor Title  Special Agent In Charge Title  Assistant Director  Title  Date  APR 23 1971  Date
TYPE OF REPORT     Administrative   60-Day   90-Day   Transfer   Separation from   Special	67-47-37-97-178 Service 6 APR 16 1971

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#### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

Name	of EmployeeNICHOLAS J. PURCHIA
	Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should
_+	be compared. RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)Outstanding (To warrant overall +, all rated elements must be+, and justified in writing.)
	Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
	Satisfactory
_	Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
	No opportunity to appraise. In other responses, use "X."
(Use	INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
<u>+</u>	_ 1. Personal appearance.
7	2. Personality and effectiveness of his personal contacts 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load)
	4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
+	5. Resourcefulness, ingenuity, and initiative.
	6. Forcefulness and aggressiveness as required.
	7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. 8. Planning of work.
	2. 9. Accuracy and attention to pertinent detail.
	10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
7	11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  12. Performance results (rate if applicable and mark others 0)  A. Internal Security;  B. Criminal or General
	Investigative; C. Fugitive; D. Applicant; E. Accounting; D. F. Other, such as Supervisor.  Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
	SA PURCHIA is assigned to Squad #44 which handles investigation
	of the Communist Party. His assignments are mainly front group
	organizations in the Jewish field. SA PURCHIA is a dependable
	conscientious Agent, who carefully supervises his own work and
	invariably does a superior job. He readily accepts responsibility
	is always willing to be of assistance, and is most cooperative.)
	His overall performance is excellent.
	He has participated in the Bureau's applicant recruitment program
	Complexity of metters hardled.   News. Mederate. 57Vest on all states.
	Complexity of matters handled: None Moderate Most complicated  Degree of supervision required: Above average New Average Minimum None
A. I	s employee available wherever needs of service require for general assignment? Yes No Special assignment?
B. I	s employee qualified to operate a motor vehicle incidental to his official duties? Yes No f answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
C. S	pecify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident squad, supervisor, instructor, etc.):  Security
ADJI	ECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS

(Checklist o	and Narrative Comments continued)
	Firearms.  Development of informants and sources of information. Comment on weaknesses or justify limited participation.
	During rating period developed informants; potential informants.
	SA PURCHIA understands the importance of informant development.
<u></u>	Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
	Raids and dangerous assignments;  A. As leader;  B. As participant.  Miscellaneous. Specify and rate:  Dictation;  Applicant recruitment;  Other
	Police Instruction: Qualified Participated Audited  Foreign Language Ability: Proficient in
22.	Administrative Advancement: (Check block if not interested.)  A. Yes No Agent is completely available for administrative advancement.  B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.  C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified.
23.	Number of Incentive Awards  Commendations received from Director: Individual Through Superior
24.	Suggestions submitted  If none, check block .  Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)

#### UNITED STATES GOVERNMENT

## Memorandum

TO	Director, FBI		DATE:	2/23/71
FROM	ANN ATTEMEC,	NEW YORK	Attention:	Personnel Section
SUBJECT	r://	NICHOLAS J. PURCH PHYSICAL EXAMINAT SPECIAL AGENT		
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	Vision has been corrected	l to		Employee specifically instructed
-	by	(name of person giving	nstruction)	that he can operate a Bureau car
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FD-43f (Rev. 5-1 UNITED STATES GOVERNMENT

## Memorandum

Director, FBI SAC, NEW YORK SA NICHOLAS J. PURCHIA AUTHORITY FOR USE OF PERSONALLY OWNED SIDE ARM Captioned Agent has x requested authority for use of ☐ disposed of personally owned side arm described below: REQUESTED Make Smith & Wesson 38 Police Special Model Caliber .38 2" Length of Barrel Serial No. 340696 Weapon inspected by SA R. O. JOHNSON (name) I recommend this request be approved. If approved, the information set out above will be posted in Field Duplicate Property Record. Bureau 1 - (Field Office Personnel File) (3)AUG 2 1971 LEROX COPI

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

December 9, 1971

PERSONAT.

Mr. Nicholas J. Rurchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

It is indeed a pleasure to have this opportunity to extend to you my sincere congratulations and present to you the FBI Twenty-five-Year Service Award Key on the occasion of your anniversary with the Bureau.

The fact that men of your capacity and levalty are dedicating their most valuable years to this Bureau is a major factor in our success as a law enforcement agency. Your con-3 197 tributions have played a substantial part in our increasing prestige and your untiring efforts have lightened the burden of our growing responsibilities. These years have been notable in the history of our Nation and our organization and you should take great pride in your share in our accomplishments.

I hope that this Key will, in days to come, recall many pleasant memories of your Eureau career.

With best wishes and kindest regards. Mr. Tolson Mr. Felt. Mr. Rosen Sincerely. MAILED 7 Mr. Mohr J. Edgar Hoover Mr. Bishop DEC - 2 1971 FBI Enclosure 1 - SAC, New York (Personal Attention) LDH:bla Mr. Bates (4)67-413797

Mr. Miller, E.S. Mr. Callahan Mr. Casper Mr. Conrad Mr. Dalbey Mr. Cleveland Mr. Ponder

Mr. Tavel Mr. Walters

Mr. Soyar

NITEL

#### PLAINTEXT

FANT.

#### TELETYPE

12-8-71 TO SAC, NEW YORK PLEASE DELIVER THE FOLLOWING MESSAGE TO ADDRESSEE ON DECEMBER 9, 1971

MR. NICHOLAS J. PURCHIA FEDERAL BUREAU OF INVESTIGATION NEW YORK, NEW YORK

PLEASE ACCEPT MY BEST WISHES AND CONGRATULATIONS ON YOUR TWENTY-FIFTH ANNIVERSARY WITH THE FBI. MAY I EXPRESS MY DEEP GRATITUDE FOR THE INTEREST AND ENTHUSIASM YOU HAVE DISPLAYED THROUGHOUT THESE YEARS AND FOR YOUR UNSWERVING DEVOTION TO THE IDEALS FOR WHICH THE BUREAU STANDS

JOHN EDGAR HOOVER

67-413797

Mr. Tolson Mr. Felt_ Mr. Rosen _ Mr. Mohr Mr. Bishop . Mr. Miller, E.S. Mr. Callahan Mr. Casper. Mr. Conrad Mr. Dalbey Mr. Cleveland Mr. Ponder Mr. Bates.

FEDERAL BUREAU OF INVESTIGATIONS

COMMUNICATIONS SECTION

DEC

Mr. Walters Mr. Soyars Tele. Room

Mr. Tavel

Miss Holmes MAIL ROOM[ Miss Gandy

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INITIALED

DIRECTOR'S OFFICE

Standard Form 88 Revised April 1968

General Services Administration

Interagency Commission Medical Records

FPMR 101-11:809-3 □ PRÉPORT OF MEDICAL EXAMINATION LAST NAME-FIRST NAME-MIDDLE, NAME. . 2. GRADE AND COMPONENT OR POSITION 3. IDENTIFICATION NO. NICHOLAS 5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION 42 HOME ADDRESS (Number, stell or R FD, city or town, State and ZIP Code) ANNUAL 9. TOTAL YEARS GOVERNMENT SERVICE MALE MILITARY CIVILIAN FB / 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN 13. PLACE OF BIRTH NEW YORK, HEW YORK 8128/13 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS U. S. PUDIC HEALTH FACILITY 16. OTHER INFORMATION 245 W. Houston St., H. Y., H. Y. 17. RATING OR SPECIALTY TIME IN THIS CAPACITY (Total) LAST SIX MONTHS CLINICAL EVALUATION NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) (Check each item in appropriate col-umn; enter "NE" it not evaluated.) 18. HEAD, FACE, NECK, AND SCALP 19. NOSE 20. SINUSES 21. MOUTH AND THROAT 22. EARS-GENERAL (Int. & est. canals) (Auditory acuty under items 70 and 71) X 23. DRUMS (Perforation) X 24. EYES-GENERAL (Visual acuity and refraction under tiems 59, 60 and 67) WEARS glasses for reading 25. OPHTHALMOSCOPIC X 26. PUPILS (Equality and reaction) X 27. OCULAR MOTILITY (Associated parallel move ments, nystaomus) 28. LUNGS AND CHEST (Include breasts) SEARCHED_ Se sasion. 29. HEART (Thrust, size, rhythm; sounds) X SERIALIZED. FILED. 30. VASCULAR SYSTEM (Varicosities, etc.) 'Χ 124MAR 2 3 1972 🚙 Charles of the 31. ABDOMENS AND VISCERA (Include hernia) X 411 834. 32. ANUS AND RECTUM' (Hemorrhoids Astular) (Prostate, if indicated) ್ವ~೭೧೦೯೬೪ 34. G-U SYSTEM <del>व्यवस</del>्थय 🤌 35. UPPER EXTREMITIES (Strength, range of \$\)
36. FEET Flat feet ( asymptomatic 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS; SCARS, TATTOOS X Scar around neck. 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) REC-145 42. PSYCHIATRIC (Specify any personality deviation) (Continue in item 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) Non-restorable Replaced NSA Restorable Missing dentures teeth . dentures 3 16 20 LABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 1.025 46. CHEST X-RAY (Place, date, film number and result)

1/6/72 B. ALBUMIN D. MICROSCOPIC Neg. Negative Normal Chest C. SUGAR Frace 47. SEROLOGY (Specify test used and result) 48. EKG 49. BLOOD TYPE AND RH 50. OTHER TESTS WBC 6.500 Neut RH Pos. ST, Hemat 46% Lymph VDRL Non-reactive changes Hemog1. 16.6gms%

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## Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Name of Examinee _		PURCHIA		ICHOLAS	JOHN #4		
1	(Type or print)	Last		First	Middle	<del></del> /	
The	e following portio	ns of the attached examin	ation report fo	orm need not be comp	leted:		
	3	9	62	69			
	4	11	65	72		•	
	8	14	67	76	•		
		17	68				
45,	any other applic	equired for all Special Age ant unless the examining p cessary. 45, 46 and 47 are	physician dee	ms one, two, three or	r all four of the	,	
48.	Not required unl	less examinee is over 35 y	ears of age o	r examination indica	tes such is desiral	ble.	
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For	r All Examinees,	Whether Clerical or Specia	al Agent Appli	icants or Employees:	:		
The		er should answer the follo					
	Examine	ee is is not quali	fied for stren	uous physical exertic	on.		
To	be Answered in t	he Case of All Male Empl	oyees and Ma	le Applicants:			
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6'4"

138 - 152

142 - 156

146 - 161

150 - 166

154 - 171

158 - 176

163 - 181

168 - 186

178 - 196

147 - 166

151 - 170

155 - 175

160 - 180

164 - 185

169 - 190

174 - 195

178 - 200

188 - 210

Signature of Médical Examiner

6'5 <b>"</b>	174 - 185	182 - 202	192 - 216
4. Examinee's frame	is small medium	large	
5. Considering abov	e weight table, the examinee's fi	ame, and other individual p	physical characteristics,
	sent weight Satisfactory		
6. Under proper med	ical supervision, employee shoul	d lose pounds	3
		gainpounds	3
Remarks:			

## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

#### REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J. PUR	RCHIA #069	-16-6407
Where Assigned:	NEW YORK (Division)	SECUR (Section, Unit)	
Official Position Title and	Grade: SPECIAL AG	ENT GS-13	
Rating Period: from	APRIL 1, 1971	toMARCH	31, 1972
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellent, So	atisfactory, Unsatisfactory	Employee's Initials
Reviewed by:  JOHN F. MORLEY  Rating Approved by:	Signature Signature Signature Signature	Supervisor  Title  Special Agent In Charge  Title  Assisfant Director	3/31/72 Date  3/31/72  Date  APR 24 1972.  Date
TYPE OF REPORT   Official  Annual	Administrative  60-Day  90-Day  Transfer  Separation from Servi	l ॐ APR	197-133 18 19723 9
P APR 27	1972 95		Aurel



#### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

# '
Name of EmployeeNICHOLAS J. PURCHIA
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
— Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
O_No opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE) RESPOND TO EVERY ITEM
1. Personal appearance. 2. Personality and effectiveness of his personal contacts.
3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load
4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative.
6. Forcefulness and aggressiveness as required.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  8. Planning of work.
9. Accuracy and attention to pertinent detail.
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
the summer of deadlines, unless failure to meet is attributable to causes beyond employee's control.  11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
12. Performance results (rate if applicable and mark others 0) A. Internal Security; B. Criminal or General Investigative; C. Fugitive; D. Applicant; E. Accounting; F. Other, such as Supervisor. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
During this reting period SA DUDGUTA was aggiored to gove a Wall
During this rating period, SA PURCHIA was assigned to Squad #44 which handles investigation of the Communist Party. He handles a large volume of varied, and complicated work with a minimum amount of supervision. He is a dependable and conscientious agent, who readily accepts responsibility and is most cooperative His overall performance is excellent.
He has newticineted in the Demonstration of the second
He has participated in the Bureau's applicant recruitment program
Complexity of matters handled: None Moderate Most complicated
Degree of supervision required: Above average Average Minimum None
A. Is employee available wherever needs of service require for general assignment? Yes No Special assignment? Yes No
B. Is employee qualified to operate a motor vehicle incidental to his official duties? Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):
ADJECTIVE PATING: EXCELLENT ENDLOYEE'S INITIALS AND
ADJECTIVE RATING: EACELLLEN'T EMPLOYEE'S INITIALS (Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)	
E 16 minus	
14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.	
During rating period developed	
SA PURCHIA understands the importance of informant development	; <b>.</b>
15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)  A. Reports; B. Memos, letters, wires.  16. Performance as a witness. During rating period; Based on past performance; No experience.  NA 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)	
A. Leadership F. Devising procedures	
B. Ability to handle personnel G. Promoting high morale	
C. Making decisions H. Getting results	
D. Assignment of work I. Furthering equal employment opportunity	
E. Training subordinates	
E. Raids and dangerous assignments; A. As leader; E. B. As participant.	
19. Miscellaneous. Specify and rate:	
Dictation; Applicant recruitment; Other	
NA 20. Police Instruction: Qualified Participated Audited	
21. Foreign Language Ability: Proficient in	
A. Conversation form Excellent Very Good Good Fair Unsatisfactory	
B Written form	
d. written form (language) Excertent very Good Good Fair Onsaidstactory	
Frequencylanguage ability used during rating period	
Anticipated use during ensuing year	
22. Administrative Advancement: (Check block if not interested.)  A. Yes No Agent is completely available for administrative advancement.  Agent is considered qualified for administrative advancement, including experience, ability, personand appearance.	onality
C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified.	
99 Number of Incentive Asserts	
23. Number of Incentive Awards	
Commendations received from Director: Individual Through Superior	
Suggestions submitted  If none, check block	
24. Disciplinary Action and Justification for any Unsatisfactory Items. None	
(List items taken into consideration on Checklist.)	

# FD-277 (Rev. 3-6-63) OPTIONAL FORM NO. 10 MAY 1962 EDITION OSA OFN. REO. NO. 27 UNITED STATES GOVERNMENT Memorandum

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ro	: Director, F	ВІ		DATE:	3/28/7	<b>'</b> 2
ROM	SAC,	NEW YORK		Attention:	Personnel	Section
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	(date)	aring the necessar	· · · · · · · · · · · · · · · · · · ·	ng instruction)	;	•
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		,				rtion and use of firearms.
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	Attached are	Bureau of Employe	es' Compensation f	orms		
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Rer	narks:	Flat feet	(20) asympto	matic.	4/	
7 (	70.72.02	Urinalysis	- trace sug	ar. Blood p	ressure	elevated
TC	90\T00; T	POOLTTO: TOO	/96. Kepeat	readings 150ckéd as "O.K	O/TOO.	יוו א כדו זעד.
		SA PURCHTA	nanges - Che saw Dr. ROB	ERT PONTONE	in Febru	ary 1972. Repeat
ur	rinalysis	was WNL.	Doctor also	advised bloo	d pressu	re rechecked by
			cause for c	oncern. No t	reatment	indicated at
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FD-208 (Rev. 3-18-68)

## PERSONAL INFORMATION AND/OR REQUEST FOR LEAVE

Jans the

ACTING DIRECTOR

19 . HOTENG DEREGION, I			211	1/15//3	
FROM: SAC, NEW YORK			,		
Name NICHOLAS J. PURCHT	Α	Social Sec	urity No	069-16-6407	
Assigned NEW YORK OFFICE		EOD 12	/9/46		
REQUEST FOR LEAVE WITHOUT PAY	)	LWOP from		to	
Hours of annual leave accrued Hour	s of sick leave (if ap	plicable)		anced annual leave in addition to LWOPYesNo	
Reason:					
•	ndicate extent of, des Date of surgery and po Injury   Diseas		nd current cor condition m	ndition under Remarks) ust be indicated under Remarks)	
Date sick leave commenced	Date ceased ac	tive duty		Expected date of return to duty	
Address: Confined at:  EMPLOYEE REQUESTS ADVANCED SI Employee hashours of annu				Numbered	
DEATHS					
Father Mother  Brother Sister	Spouse / [ Da' Son Otl	ughter ner	Relationship		
Name of deceased		Date and place of death			
PAUL PURCHIA	_	1/13/73, Bronx, New York City			
Employee's residence address 91 Blauvelt Street Teaneck, New Jerse		If employed be his to	e is leaving r emporary addr	esidence because of this death, what will ess?	
		Time and d	late of depart	ure:	
			d time and da	te of return:	

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

RJR:pml (2)

FORM 3-542 (9-14-64) APPROVED COMP. GEN, U.S. 4-5-63 IN LIEU OF SF 1126

# FEDERAL BUREAU OF INVESTIGATION

			•	ı	SOCIAL SECURITY NUMBER
	PURCHIA NICHO	LAS J			069-16-6407
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893-WI	ACTION  JALITY INCREASE  THIN GRADE INCREASE  Y ADJUSTMENT	897—AD	OMIN. PAY INCREASE OMIN. PAY DECREASE SPECIFY IN REMARKS)	EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	or con ! III remarks!	8/20/72 NEW SALARY	8/24/69
PERIOD(S)		·	UNPAID ABSENCE TOTAL EXCESS	N PAY STATUS AT EN	\$23,737.00  D OF WAITING PERIOD INITIALS
·				1	rs 1/10/
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OPTIONAL FORM NO. 10 MAY 1982 EDITION GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

## Memorandum

TO

ACTING DIRECTOR, FBI

DATE: 7/

b6 b7C

FROM

mis

SAC, NEW YORK

SUBJECT:

SPECIAL AGENT NICHOLAS J. PURCHIA EUROPEAN TRAVEL

UACB, permission is granted to SA NICHOLAS J. PURCHIA to travel to Europe by air, starting 9/8/72, and ending 10/6/72, a total of 21 work days. He has sufficient accumulated annual leave.

SA PURCHIA will not be travelling to Iron Curtain countries. His itinerary will include Holland, West Germany, Austria and Greece.

Bureau (RM) 1-New York

NJP:fam (3)







31

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大 T, ر) LABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 46. CHEST X-RAY (Place, date, film number and result) 1.020 B. ALBUMIN D: MICROSCOPIC 2-4 WBC NEG C. SUGAR NEG Occ Epith Moderate Bact 1/12/73 - NORMAL CHEST erica_ 49. BLOOD TYPE AND RH FACTOR POS 47. SEROLOGY (Specify test used and result) 50. OTHER TESTS WBC 5,900 Ark2 54 NEUT. EOS. 02 HCT. 48% VDRL NON-REACTIVE W.N.L. TYPE LYMPH. 44 HGB. 16.4 GMS %

88-116

SITTING   DIAS.   90   RECUM-   DIAS.   86   (5 min.)   DIAS.   96   90   108	PULSE (Arm at heart level)  ERCISE C. 2 MIN. AFTER D. RECUMBENT E. AFTER STANDING 3 MIN.
57. BLOOD PRESSURE (Arm at heart level)  A. SYS. 140 B. SYS. 138 C. STANDING (3 min.)  59. DISTANT VISION  RIGHT 20/ 20 CORR. TO 20/ BY S. CX  LEFT 20/ 20 CORR. TO 20/ BY S. CX  62. HETEROPHORIA (Specify distance)  ES° EX° R. H. L. H. PRISM DIV. P  63. ACCOMMODATION  RIGHT LEFT SHIHARA NORMAL  66. FIELD OF VISION  67. NIGHT ACCOMMANDATION  FROFTLE #1  70. HEARING  71. NORMAL  58.  SYS. 146  A. SITTING  B. AFTER EXER  SYS. 146  A. SITTING  B. ASITTING  B. AFTER EXER  STANDING  (3 min.)  DIAS: 96  90  108  B. AFTER EXER  SYS. 146  A. SITTING  B. ASITTING  B. AFTER EXER  STANDING  (3 min.)  DIAS: 96  90  108  CX  CX  CX  CX  62. HEFT 20/ CX  64. COLOR VISION (Test used and result)  FROFTLE #1  71. NORMAL  AUDIOMETER TAKEN 1/1	PULSE (Arm at heart level)  ERCISE C. 2 MIN. AFTER D. RECUMBENT S MIN. 90  61. NEAR VISION  O X O CORR. TO 27 X 10 BY JAEGH O X O CORR. TO 28 X 12 BY #2  PRISM CONV. PC PD  65. DEPTH PERCEPTION (Test used and score)  UNCORRECTED
A. SYS. 140 B. RECUM-BENT DIAS. 86 STANDING (3 min.) DIAS. 96 PO 108  59. DISTANT VISION 60. REFRACTION  RIGHT 20/ 20 CORR. TO 20/ BY S. CX  LEFT 20/ 20 CORR. TO 20/ BY S. CX  62. HETEROPHORIA (Specify distance)  ES° EX° R. H. L. H. PRISM DIV. P  63. ACCOMMODATION 64. COLOR VISION (Test used and result)  RIGHT LEFT ISHIHARA - NORMAL  66. FIELD OF VISION 71. NORMAL 66. FIELD OF VISION (Test used and score)  PROFILE #1  70. HEARING 71. NORMAL AUDIOMETER TAKEN 1/1	BERCISE C. 2 MIN. AFTER D. RECUMBENT S AFTER STANDING S MIN. 90  61. NEAR VISION  O X O CORR. TO 27 X 10 BY JAEGI O X O CORR. TO 28 X 12 BY #2  PRISM CONV. PC PD  65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED
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DISTANT VISION  60. REFRACTION  RIGHT 20/ CORR. TO 20/ BY S. CX  LEFT 20/ CO CORR. TO 20/ BY S. CX  52. HETEROPHORIA (Specify distance)  ESO EXO R. H. L. H. PRISM DIV. P  63. ACCOMMODATION  64. COLOR VISION (Test used and result)  TISHIHARA - NORMAL  65. FIELD OF VISION  PROFILE #1  70. HEARING  71. NORMAL  AUDIOMETER TAKEN 1/1	61. NEAR VISION  O X O CORR. TO 27 X 10 BY JAEGH O X O CORR. TO 28 X 12 BY #2  PRISM CONV. PC PD  65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED
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EFT 20/ 20 CORR. TO 20/ BY S. CX  52. HETEROPHORIA (Specify distance)  ES° EX° R. H. L. H. PRISM DIV. P  53. ACCOMMODATION  64. COLOR VISION (Test used and result)  TSHIHARA - NORMAL  65. FIELD OF VISION  66. FIELD OF VISION  67. NIGHT VISION. (Test used and score)  PROFILE #1  71. NORMAL  AUDIOMETER TAKEN 1/1	PRISM CONV. CT  PC PD  PC PD  CT  UNCORRECTED  CORRECTED
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ES° EX° R. H. L. H. PRISM DIV. P  63. ACCOMMODATION  64. COLOR VISION (Test used and result)  1 SHIHARA - NORMAL  65. FIELD OF VISION  66. FIELD OF VISION  67. NIGHT VISION. (Test used and score)  PROFILE #1  70. HEARING  71. NORMAL  AUDIOMETER TAKEN 1/1	65. DEPTH PERCEPTION (Test used and score)  UNCORRECTED  CORRECTED
63. ACCOMMODATION 64. COLOR VISION (Test used and result) 65. FIELD OF VISION 66. FIELD OF VISION 67. NIGHT VISION. (Test used and secret) 68. PROFILE #1 69. HEARING 69. PROFILE #1	65. DEPTH PERCEPTION (Test used and score)  UNCORRECTED  CORRECTED
RIGHT LEFT ISHIHARA - NORMAL  66. FIELD OF VISION  FROFILE #1  70. HEARING  71.NORMAL  AUDIOMETER TAKEN 1/1	(Test used and score) CORRECTED
RIGHT LEFT ISHIHARA - NORMAL  66. FIELD OF VISION  FROFILE #1  70. HEARING  71.NORMAL  AUDIOMETER TAKEN 1/1	(Test used and score)  CORRECTED
FROFILE #1  71.NORMAL AUDIOMETER TAKEN 1/1	68. RED LENS TEST 69. INTRÁOCULAR TENSION
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71. NORMAL ÄUDIOMETER TAKEN 1/1	
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LEFT 15 15 25	
3. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(Use additional sheets if necessary)  4. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)	
	· · · · · · · · · · · · · · · · · · ·
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE
	P U L H E S
7. EXAMINEE (Check)	
	B. PHYSICAL CATEGORY
A. M IS QUALIFIED FOR B. S NOT QUALIFIED FOR	
B.   IS NOT QUALIFIED FOR	A B C E
B IS NOT QUALIFIED FOR  18. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A B C E
B. S NOT QUALIFIED FOR  78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER  79. TYPED OR PRINTED NAME OF PHYSICIAN  SIGNATURE  90. TYPED OR PRINTED NAME OF PHYSICIAN  SIGNATURE	A B C E
B. S NOT QUALIFIED FOR  18. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER  19. TYPED OR PRINTED NAME OF PHYSICIAN  10. TYPED OR PRINTED NAME OF PHYSICIAN  TDESA B DURAN, M.D.	Le c E
B. S NOT QUALIFIED FOR  78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER  79. TYPED OR PRINTED NAME OF PHYSICIAN  80. TYPED OR PRINTED NAME OF PHYSICIAN  TDESA B DURAN, M.D.  81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	A B C E
78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER  79. TYPED OR PRINTED NAME OF PHYSICIAN  80. TYPED OR PRINTED NAME OF PHYSICIAN  TDESA B DURAN, M.D.	MUMBER OF AT.
B. IS NOT QUALIFIED FOR  78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER  79. TYPED OR PRINTED NAME OF PHYSICIAN  80. TYPED OR PRINTED NAME OF PHYSICIAN  TDESA B DURAN, M.D.  81. TYPED OR PRINTED NAME OF DENTIST OF PHYSICIAN (Indicate which)  JOHN H. HOLT, DDS.	Le cerronia de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como de la como

#### NICHOLAS PURCHIA

3/5/73, - 10:30 AM - 152/84 RA'
2:30 PM - 152/92 RA, b.jg
3/6/73, - 10:30 AM - 152/90 RA
2:40 PM 156/88 RA, b.jg
3/7/73, 10:45 AM - 154/84 RA,
2:30 PM - 130/84 RA, b.jg

J. Duran

67-413797-125

#### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nam	e of Examinee _ Type or print)	PURCHIA Last	MICHO,	LAS First	JOHN Middle	#44
The	following portion	ons of the attached examin	ation report fo	rm need not b	e completed:	•
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	4	11 -	65	· 72	. **	=
	8	14	67	76		
		17	68		2	
45,	any other appli	cant unless the examining	physician dee	ms one, two,	three or all four o	of the
48.	Required for (1 examinees over	) all Special Agent applica 35 years of age; (4) any c	ants; (2) all FE other where exa	I National Ac amination indi	ademy applicants cates such as des	s; (3) all sirable•
71.	and Special Ag	ents. Applicants for the S	Special Agent p	osition will n	ot be accepted if	the hearing
For Emp	All Examinees, loyees:	Whether Clerical or Specia	al Agent Applic	ants, Nationa	l Academy Appli	cants, or
The		· ·			exertion.	· · · · · · · · · · · · · · · · · · ·
						Academy
1. I	oes examinee h					tactics and
	¬No ┌ Yes	If "ves" please specify d	lefects.			*
	7	i product special	,	,		,
+			,		•	4
	be Answered in drive Bureau y		gents, Special	Agent Applica	ants, and other E	mployees
1. I	Does examinee h	nave any defects prohibiting	ıg safe operati	on of motor ve	hicles?	,
E	No 🗆 Yes	If "yes" please specify	65 72 67 76 68  all Special Agent and FBI National Academy applicants but not for the examining physician deems one, two, three or all four of the 46, 46 and 47 are required in examination of any current employee.  Agent applicants; (2) all FBI National Academy applicants; (3) all age; (4) any other where examination indicates such as desirable.  Fould be afforded whenever possible for all Special Agent applicants ants for the Special Agent position will not be accepted if the hearing verage in either ear in the conversational speech range (500, 1000, ical or Special Agent Applicants, National Academy Applicants, or swer the following question:  Il Special Agents, Special Agent Applicants, and National Academy  cts restricting or prohibiting his participation in defensive tactics and might entail the practical use of firearms?  asse specify defects.  All Special Agents, Special Agent Applicants, and other Employees cts prohibiting safe operation of motor vehicles?			
<u>, 1</u>			× -			-
l r	east 20/40 in or ective glasses	ne eye and 20/100 in the ownile operating a motor ve	other, corrected ehicle?	d or uncorrect s No	ed. Should exami	ist test at inee wear cor-
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5'4"	117 - 138	123 - 149	2831 4185 PF	197.3.	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5 <b>'</b> 9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238			11	

4.	Examinee's frame is small medium large
5.	Considering above weight table the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory
6.	Under proper medical supervision, employee should pounds
	gainpounds
Re	marks:

Signature of Medical Examiner

Date

January 18, 1973

Mr. Nicholas J. Gufchia Federal Bureau of Investigation New York, New York

Dear Mr. Furchia:

I want to extend my heartfelt sympathy to you on the passing of your Father.

I do hope you will gain some solace from knowing that your friends in the FBI are thinking of you, and that we are sharing your sorrow,

Sincerely,

L. Patrick Gray III

1 - SAC, New York (Personal Attention)

MPM(4) u

. POLICE BUSINESS

MAILED 4 JAN 181973 FBI

Callahan Cleveland. Conrad . Dalbey. Gebhardt

Felt . Baker.

Jenkins Marshall Miller, E.S. Purvis _ Soyars Walters Tele. Room Mr. Kinley _ Mr. Armstrong_ Ms. Herwig .

Mrs. Neenan.

TELETYPE UNIT

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

### REPORT OF PERFORMANCE RATING

Name of Employee:	CHOLAS J. PURCHIA	#069 <b>-</b> 16-6407	
Where Assigned:	NEW YORK (Division)	SECURITY (Section, Unit)	
Official Position Ti	le and Grade: SPECIAL	AGENT GS-13	
Rating Period: from .	APRIL 1, 1972	toMARCH 31, 19	972
ADJECTIVE RATING:	EXCELLENT Outstanding, Excellen	t, Satisfactory, Unsatisfactory	Employee's Initials
Rated by:  RAYMOND J. RUCK Reviewed by:  ARBOR W. GRAY Rating Approved by:	Signature  Signature  Mislishis  Signature	Supervisor  Title Special Agent in Charge  Title  Assistant Director	3/31/73 3/31/73 Date APR 26 1973
TYPE OF REPORT  Official  Annual	Administrative  60-Day  90-Day  Transfer  Separation from S	Searched Number 4 APR 26	1973 1973 254

THREE

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#### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

CHECKLIST AND NARRATIVE COMMENTS
(For use as attachment to Performance Rating Form FD-185)

Name of Employee NICHOLAS J. PURCHIA #069-16-6407
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.
. RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
Satisfactory
Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
O No opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE)  RESPOND TO EVERY ITEM
1. Personal appearance.  2. Personality and effectiveness of his personal contacts.
3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load)
4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative.
4 6. Forcefulness and aggressiveness as required.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  8. Planning of work.
9. Accuracy and attention to pertinent detail.
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  12. Performance results (rate if applicable and mark others O)  A. Internal Security;  B. Criminal or General  Investigative;  Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
SA PURCHIA continues to be assigned to Section 44 which is
responsible for the investigation of the Communist Party. He
He handles both organizations and individuals, including a
volume of complicated work, with a minimum of supervision.
SA PURCHIA is a highly dependable and conscientious agent who
willingly accepts responsibility. His overall performance rating is excellent.
He has participated in the Bureau's applicant recruitment program.
Complexity of matters handled: None Moderate Most complicated
Degree of supervision required: Above average Average Minimum None
A. Is employee available wherever needs of service require for general assignment? Yes No Special assignment? Yes No B. Is employee qualified to operate a motor vehicle incidental to his official duties? Yes No If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) is physically lit to drive. (c) Past saie driving record OK or has passed Bureau road test.
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):  Security
ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS WAS
(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)
13. Firearms. Check One: Qualified Qualified Instructor Expert
14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed informants; potential informants.  Although SA PURCHIA has not developed any informants or PSI's during this rating period, he very capably handles a security informant previously developed and currently has cases assigned to him for the sole purpose of developing informants.
15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
A. Reports; B. Memos, letters, wires.
16. Performance as a witness. During rating period; Based on past performance; No experience.
17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline
applicable.)  A. Leadership  F. Devising procedures
B. Ability to handle personnel G. Promoting high morale
C. Making decisionsH. Getting results
D. Assignment of workI. Furthering equal employment opportunity
E. Training subordinates
18. Raids and dangerous assignments; A. As leader; B. As participant.
19. Miscellaneous. Specify and rate:  Dictation; Applicant recruitment; Other
20. Police Instruction: Qualified Participated Audited
21. Foreign Language Ability: Proficient inlanguage(s).
A. Conversation form Excellent Very Good Good Fair Unsatisfactory
B. Written form Excellent Very Good Good Fair Unsatisfactory
Frequencylanguage ability used during rating period
Anticipated use during ensuing year
C. Completed Bureau Language School No Specify language(s)
22. Administrative Advancement: (Check block if not interested.)  A. Yes No Agent is completely available for administrative advancement.  B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified.
23. Number of Incentive Awards
Commendations received from Director: Individual Through Superior
Suggestions submitted
If none, check block .
24. Disciplinary Action and Justification for any Unsatisfactory Items. 'None (List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS VOOD



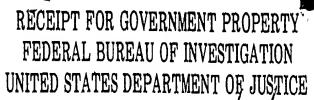
FD-277 (Rev. 3-7-72)
optional form no. 10
may 1962 Edition
GSA GEN. REG. NO. 27

5010-

UNITED STATES GOVERNMENT

# Memorandum

TO : Director, F	BI	DATE:	3/22/73
FROM MSKIM	NEW YORK	Attention:	Personnel Section
SUBJECT:	NICHOLAS JOHN PURCHIA SPECIAL AGENT PHYSICAL EXAMINATION		
	ion of 1/24/73	-	
	pleted on		
Vision has been corre	ected to		Employee specifically instructed
(data)	by(name of person giving instruc	tion)	that he can operate a Bureau car
	e necessary glasses.	110/11/	
	X ray patch test urinalysis serolog		
	statement indicates he is qualified for strenuo	us physical	exertion and use of firearms.
<del>-</del>	d unpaid medical bills. of Employees' Compensation forms		
Physical examination	reports are enclosed.		
	ed for physical examination on		
	report has been reviewed and initialed.		ď.
	active duty		
	noved from limited duty.	~4°	RECOER
UACB he is being pl	aced on limited duty.	E4.1401	BEICOE DELLE
are sufficient agents	sident Agent, is there a sufficient amount of nones available to handle emergency assignments.  your recommendation for the return of this agent	Yes [	No If answer is no, separately and
Remarks:	Flat feet - asymptomatic.		
Dr. DURAN as blood pressur	Blood pressure - 140/90; 1 res taken in Health Service acceptable. No further eves attached.  Lymphocytes are increased	and revaluation	evaluated by Dr. on necessary. Serial
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I certify that I have received returned the following Government property for official use:

SPECIAL AGENT CREDENTIAL CARD WITH CASE # 1484
COLOR OFF OF DIR

RETURNED

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 1484

FILE

3/ AM

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN

9 FEB 28 1973

Very truly yours,

(Signature)

Cyped name) NICHOLA

PURCHTA

Standard Form 88 Revised April 1968 General Services Administration Interagency Comm. on Medical Records FBMR 101-11,809-3 REPORT OF MEDICAL EXAMINATION 1. LAST NAME-FIRST NAME-MIDDLE NAMEL 2. GRADE AND COMPONENT OR POSITION 3. IDENTIFICATION NO. SPECIAL AGENT - FB. 271 736 MICHOLAS JOHN 5. PURPOSE OF EXAMINATION 6. DATE OF EXAMINATION HOME APORESS (Number, street or RFD, city or town, State and ZIP Code) ANNUAL PHYSICAL 10. AGENCY 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY MALE FBI 12. DATE OF BIRTH 13. PLACE OF BIRTH 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN IYEN YORK, HEW YORK 16. OTHER INFORMATION U.S. PUBLIC HEALTH, 245W. HOUSTON ST, MYC TIME IN THIS CAPACITY (Total) LAST SIX MONTHS NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) CLINICAL EVALUATION (Check each item in appropriate col-umn; enter "NE" it not evaluated.) ABNOR MAL X 18. HEAD, FACE, NECK AND SCALP X 19. NOSE X 20. SINUSES X 21. MOUTH AND THROAT 22. EARS-GENERAL (Int. & ext. canals) (Auditory acusty under items 70 and 71)  $\mathbf{x}^{-}$ 23. DRUMS (Perforation) 24. EYES-GENERAL (Visual acuity and refraction under items 59, 60 and 67) Corrected for reading. X 25. OPHTHALMOSCOPIC X 26. PUPILS (Equality and reaction) 27. OCULAR MOTILITY (Associated parallel move ments, nystaamus) TWO I have the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common and the common 28. LUNGS AND CHEST (Include breasts) X 29. HEART (Thrust; size, rhythm, sounds) -Called B. Subband . H this Jens . 30. VASCULAR SYSTEM (Varicosilies elc.) 36 X 31. ABDOMEN AND VISCERA (Include hernia) X Day ne grow: Jana a strains - Jana seam gan -32- ANUS AND RECTUM (Hemotrhoids, fistular) ...  $\mathbf{X}$ 3 33, ENDOCRINE SYSTEMI, 103 '93G · 3 . . . 6/ `ଓଡ଼∙ ್ವಾಲ್ವಾಲಸ್ಥ ° (... Lenonaullus) 34. G-U:SYSTEM @G. . . 35. UPPER EXTREMITIES (Strength, range of motion) ·X 36. FEET Flat feet (asymptomat 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) 38. SPINE, OTHER MUSCULOSKELETAL 32 REC-145 FEB 21 1974 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS Scar- around neck. 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium lests under item 72) 42. PSYCHIATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Check how done) VAGINAL RECTAL (Continue in item 73) REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) Replaced Fixed Restorable Missing restorable dentures 12 13 10 15 16 Ε 32 24 23 22 21 20 18

1. LABORATORY FINDINGS 45. URINALYSIS: A. SPECIFIC GRAVITY 1.010 46. CHEST X-RAY (Place, date, film number and result) B. ALBUMIN D. MICROSCOPIC C. SUGAR NORMAL CHEST - 12/17/73 NEG. NEGATIVE 49. BLOOD TYPE AND RH FACTOR.
RH - POS 47. SEROLOGY (Specify test used and result) 50. OTHER TESTS WBC 6,500 SEE NEUT. 66 EOS. HCT. 50% VDRL NON-REACTIVE TYPE LYMPH. HGB. 17.0

I O WAK !

88-116

	MEASUREMENTS AND OTI	IER FINDINGS			
51. HEIGHT 52. WEIGHT 53. C	OLOR HAIR* 54. COLOR EYES 55.	BUILD:			TEMPERATURE
	WN-GREY BROWN		MEDIUM HEA	*	986
57. BLOOD PRESSURE (Arm at heart			LSE (Arm at heart le		
A. SYS. 160 RECUM- SYS. 160	STANDING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT E. A	MIN.
DIAS. 98 BENT, DIAS. 98	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		76	60	76
FIGHT 20/ 72() CORR. TO 20/	60. REFRACTION BY S.		61.	NEAR VISION	BY TITOTE
RIGHT 20/ 20 CORR. TO 20/ LEFT 20/ 30 CORR. TO 20/	BY S.	cx	O X O CORR		BY JAEGER BY #2
62. HETEROPHORIA (Specify distance)	]		IO X O COM	1024 X 13	<u>вү #2</u>
ES° EX° R. F	H. L. H. PRISM DIV.	PRISM C	CONV.	PC	PD
63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DE	PTH PERCEPTION	UNCORRECTED	
RIGHT LEFT	ISHTHARA - NORMAL	(T	est used and score)	CORRECTED	
66. FIELD OF VISION	67. NIGHT-VISION (Test-used and score)	68. REI	D LENS TEST	69. INTRAOCUL	AR TENSION
	NORMAL FOR SPEECH				
70. HEARING	71. AUDIOGRAM AUDIOMETER	TAKEN 12/17	7/73 72. PSYCHOL	OGICAL AND PSYCHOM	OTOR -
RIGHT WV 15 /15 SV 30 /15		1000 4000 6000	8000 8192	eca and ecorey	
		896 4096 6144	8192		
LEFT WV 15 /15 SV 30 /15		40   5   5   30   35   20			
73. NOTES (Continued) AND SIGNIFICANT OR INTERV	AL HISTORY		_		
	hecked by me show: 150  ck blood pressure with  n form 93 no sequelae.  enlargement I V P B (V  (Use additional sheets if	nurse in o	ffice.		t
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAM	INATIONS INDICATED (Specify)		76.	A. PHYSICAL PROFIL	E
	· · · · · · · · · · · · · · · · · · ·		PU	<del></del>	E S
77. EXAMINEE (Check)					
A. A IS QUALIFIED FOR B. I IS NOT QUALIFIED FOR				B. PHYSICAL CATEGOR	RY
78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS	BY-ITEM NUMBER		A	В '` С	E
79. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE	\		
80. TYPED OR PRINTED NAME OF PHYSICIAN		Сатемуливе		2	
IDESA B DURAN, M.D.		1200	XXX	7	7 )
81. TYPED OR PRINTED NAME OF DENTIST OF PHYSICAL	AN-(Indicate which)	SIGNATURE	12/2/	\///	
STEPHEN R. SHULMAN,	.D.D.S.	Lepi	VIXA	Millung	0.05
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER		SIGNATURE		NUM	BER OF AT- HED SHEETS
JOHN L. JEANNOPOULO	S, M.D. DIRECTOR	1 1/2 //p	J. S. GOVERNMENT P	RINTING OFFICE 1969	0-352-273 (49.1
	• 0			` (	

### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nam	ie of Examinee	PURCHIA	MICHOLA Jast	is	JOHN	3810
C	Type or print)	L			•	
The	following porti	ons of the attached exa	mination report form	need not b	oe completed	<b>l:</b>
	3	9	62	69	,	<b>√</b> ■
,	4	. 11	65	. 72	2	
	8	14	67	76	3	
		17	68		+ 1	
45,	any other appl	; required for all Specia icant unless the examin necessary. 45, 46 and 4	ing physician deems	one, two,	three or all	four of the
48.		) all Special Agent app r 35 years of age; (4) ar				
71.	and Special Ag	aminations should be afgents. Applicants for the 15 decibel average in	ie Special Agent posi	tion will i	not be accep	ted if the hearing
For Emp	All Examinees, loyees:	Whether Clerical or Spo	ecial Agent Applicant	ts, Nation	al Academy	Applicants, or
The		ner should answer the fo		-	1	
,	Examin	uee is is not q	ualified for strenuous	s physical	exertion.	
		the Case of All Special				tional Academy
		nave any defects restric nments which might ent				ensive tactics and
1	No ☐ Yes	If "yes" please speci	fy defects.	,		
, ,	, ,	4 ,			•	
who	drive Bureau		j.			ther Employees
1. 1	1	have any defects prohib	,	of motor v	ehicles?	
	No Yes	If "yes" please spec	ify defects.			
. 1	least 20/40 in d rective glasses	g of motor vehicles, Civone eye and 20/100 in the while operating a motor on is based on a factor	he other, corrected or r vehicle? Yes	No No	ted. Should	examinee wear cor-
			67-	4/6	379	7137
		ENC	LOSUXE			

DESIRABLE WEIGHT RANGES							
		MALESEO'D-A			FI	MALES	
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123EB 749 2	2 ^{1,3} 0 4 163	5 <b>'</b> 0"	'96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8 <b>"</b>	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5 <b>'</b> 10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5 <b>'</b> 11"	144 - 169	150 - 183	160 - 198	5'7 <b>"</b>	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	, 169 - 198	178 - 216	188 - 231	6 <b>'</b> 0"	138 - 163	144 - 175	153 - 190
6 <b>'</b> 5"	174 - 204	182 - 222	192 - 238				

4.	Examinee's frame is small medium large
	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory
6.	Under proper medical supervision, employee should lose pounds
	gainpounds
Re	marks:

Signature of Medical Examiner

Date

#### **EMPLOYMENT AGREEMENT**

As consideration for employment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued employment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

- (1) That I am hereby advised and I understand that Federal law such as Title 18, United States Code, Sections 793, 794, and 798; Order of the President of the United States (Executive Order 11652); and regulations issued by the Attorney General of the United States (28 Code of Federal Regulations, Sections 16.21 through 16.26) prohibit loss, misuse, or unauthorized disclosure or production of national security information, other classified information and other nonclassified information in the files of the FBI;
- (2) I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as an employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in the denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement; therefore, as consideration for employment I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means disclose to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI but it is intended to prevent disclosure of information where disclosure would be contrary to law, regulation or public policy. I agree the Director of the FBI is in a better position than I to make that determination;
- (3) I agree that all information acquired by me in connection with my official duties with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession;
- (4) That I understand unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and in addition to this agreement may be enforced by means of an injunction or other civil remedy.

I accept the above provisions as conditions for my employment and continued employment in the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

Witnessed and accepted in behalf of the Director, FBI, on

st 14, 19 73, by

(Signature)

luckel at



### REPORT OF PERFORMANCE RATING

Name of Employee:	NICHOLAS J. PURC	CHIA #0	69-16-6407	
Where Assigned:	NEW YORK (Division)	· SE	TERNAL CURITY tion, Unit)	
. Official Position Ti	tle and Grade: SPE	CIAL AGENT	GS-13	+ *******
Rating Period: from	APRIL 1, 1973	to	CH 31, 1974	
ADJECTIVE RATING:	EXCELLENT Outstanding, Excel	lent, Satisfactory, Unsat	Enployee'	s
Rated by: YMOND J. RUCKE	Signature of Sp.	Title	VISOR 3/31 Date  AL AGENT RGE 3/31	<del> </del>
SEPH V. BAKER Rating Approved by:	Signature Signature	Title	Date	<u>13</u> 1974
TYPE OF REPORT  [M. Official  [M. Annual	Administrative  60-Day  90-Day  Transfer  Separation from Special	REC-139 67	3 mi 15 19/	1/2-8
	•		' A. A.	

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**10** MAY 161974





### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

CHECKLIST AND NARRATIVE COMMENTS
(For use as attachment to Performance Rating Form FD-185)

Name of EmployeeNICHOLAS J. PURCHIA #069-16-6407
Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.
RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)  + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
— Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
No opportunity to appraise. In other responses, use "X."
(Use INK for Checklist - DO NOT TYPE)  RESPOND TO EVERY ITEM  1. Personal appearance.
2. Personality and effectiveness of his personal contacts.
3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).  4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? Yes No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? Yes No. If answer to either is yes, explain.
5. Resourcefulness, ingenuity, and initiative.  6. Forcefulness and aggressiveness as required.
7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
8. Planning of work.  9. Accuracy and attention to pertinent detail.
10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  12. Performance results (rate if applicable and mark others 0)  13. A. Internal Security;  14. B. Criminal or General Investigative;  15. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:
SA PURCHIA is assigned to Section 3B10 which is responsible for the investigation of CPUSA. He is assigned both organizations and individuals affiliated with the Communist Party, and handles a large volume of complicated matters which he handles with a minimum of supervision. He is highly capable, conscientious, reliable and industrious agent.
He has participated in the Bureau's applicant recruitment
program.
$\cdot$
Complexity of matters handled: None Moderate Most complicated  Degree of supervision required: Above average Average Minimum None  A. Is employee available wherever needs of service require for general assignment? Yes No Special assignment? Yes No  B. Is employee qualified to operate a motor vehicle incidental to his official duties? Yes No  If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):  Security
ADJECTIVE RATING: EXCEILENT EMPLOYEE'S INITIALS (Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)
13. Firearms. Check One:QualifiedQualified InstructorExpert
14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed informants; potential informants.
Though he has not developed any informants in this rating period, he
has handled an informant previously developed in a highly capable
manner and has considered individuals interviewed during the course
of his investigations for possible development.
15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
A. Reports; ————————————————————————————————————
16. Performance as a witness. During rating period; Based on past performance; No experience.
17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
A. Leadership  F. Devising procedures
B. Ability to handle personnelG. Promoting high moraleH. Getting results
D. Assignment of workI. Furthering equal employment opportunity
E. Training subordinates
18. Raids and dangerous assignments; A. As leader; E. B. As participant.  19. Miscellaneous. Specify and rate:
20. Police Instruction: Qualified Participated Audited
21. Foreign Language Ability: Proficient inlanguage(s).  Can handle typical investigative problems as follows:
A. Conversation form Excellent Very Good Good Fair Unsatisfactory
B. Written form Excellent Very Good Good Fair Unsatisfactory
Frequencylanguage ability used during rating period
Anticipated use during ensuing year
C. Completed Bureau Language School No Specify language(s)
22. Administrative Advancement: (Check block if not interested.)
22. Administrative Advancement: (Check block if not interested.)  A. Yes No Agent is completely available for administrative advancement.  B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality
and appearance.  C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding Explain if interested but not now qualified.
Explain if interested but not now qualified.
on Newland CT 11 A 1
23. Number of Incentive Awards  Commendations received from Director: Individual Through Superior
Suggestions submitted
If none, check block 🔀.
24. Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)

FD-314 (Rev. 11-30-72) MAY 1962 EDITION GSA GEN, REG, NO. 27



UNITED STATES GOVERNMENT

# Memorandum

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NY	

Director, FBI

(SUBMIT IN DUPLICATE)

DATE: 2/26/74

FROM

SA MICHOLAS J. PURCHIA
Social Security Number 069-16-6407

Office of assignment ____

SUBJECT: OFFICES OF PREFERENCE

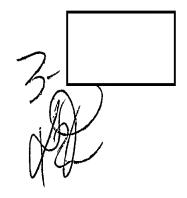
Please list my offices of preference as follows:

- 1. <u>NEW YORK</u>

Attention: ,Y

Data Processing Section

NOT RECORD



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FD-277 (Rev. 3-7-72)
optional form no. 10
may 1962 Edition
GSA GEN. REG. NO. 27

5010-10

UNITED STATES GOVERNMENT

# Memorandum

TO: Director, FBI	DATE: 2/14/74
FROM SAC NEW YORK SUBJECT: NICHOLAS JOHN PURCHIA S PECIAL AGENT	Attention: Personnel Section
PHYSICAL EXAMINATION  Remylet	-• -•
Re physical examination of 1/4/74	<del></del>
E Dental work was completed on January 1974	
Vision has been corrected to	
(date) by iname of person giving instru	that he can operate a Bureau car etion)
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis serolo	
Enclosed physician's statement indicates he is qualified for strenu  Enclosed are paid unpaid medical bills.	ous physical exertion and use of firearms.
Attached are Bureau of Employees' Compensation forms	
Physical examination reports are enclosed.	- Ottober
Employee is scheduled for physical examination on	· · · · · · · · · · · · · · · · · · ·
Employee is scheduled for physical examination on	T MOST PERSONAL .
Employee is scheduled for physical examination on	THOM E
Employee is scheduled for physical examination on  Thysical examination report has been reviewed and initialed.  Employee returned to active duty  Employee's physical condition is	Tanga Banasa and a said
Employee is scheduled for physical examination on	
Employee is scheduled for physical examination on  Physical examination report has been reviewed and initialed.  Employee returned to active duty  Employee's physical condition is  UACB he is being removed from limited duty.	onarduous work available to keep him fully occupied and
Employee is scheduled for physical examination on  Physical examination report has been reviewed and initialed.  Employee returned to active duty  Employee's physical condition is  UACB he is being removed from limited duty.  UACB he is being placed on limited duty.  If employee is a Resident Agent, is there a sufficient amount of no are sufficient agents available to handle emergency assignments. immediately submit your recommendation for the return of this agents are sufficient agents available to handle emergency assignments.  Flat feet, asymptomatic.  Blood pressure 160/98, 160/98  Dr. DURAN as 150/90, 150/90, 150/92.  Dr. ROBERT PONTONE for periodic check evaluated as no cause for concern. Health Service as 150/88.  EKG - reflects slight left at advised no follow-up necessary.	onarduous work available to keep him fully occupied and Yes No If answer is no, separately and not to headquarters city.  B, 160/98. Rechecked by SA continues to see Ekups and blood pressure is Blood pressure rechecked in
Employee is scheduled for physical examination on Physical examination report has been reviewed and initialed.  Employee returned to active duty Employee's physical condition is UACB he is being removed from limited duty.  UACB he is being placed on limited duty.  If employee is a Resident Agent, is there a sufficient amount of no are sufficient agents available to handle emergency assignments. immediately submit your recommendation for the return of this agents.  Remarks:  Flat feet, asymptomatic. Blood pressure 160/98, 160/98 Dr. DURAN as 150/90, 150/90, 150/92. Dr. ROBERT PONTONE for periodic check evaluated as no cause for concern. Health Service as 150/88.  EKG = reflects slight left at	onarduous work available to keep him fully occupied and Yes No If answer is no, separately and not to headquarters city.  B, 160/98. Rechecked by SA continues to see Ekups and blood pressure is Blood pressure rechecked in

### REPORT OF MEDICAL EXAMINATEN

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP  7. SEX  8. RACE  9. TOTAL YEARS GOVER  MILITARY  12. DATE OF BIRTH  13. PLACE OF BIRTH  8/28/13  14 W YORK, NEW  15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS  16. EXAMINING FACILITY OR EXAMINER, AND ADDRESS  17. RATING OR SPECIALTY  18. HEAD. FACE, NECK. AND SCALP  19. NOSE  19. NOSE  20. SINUSES  21. MOUTH AND THROAT  X 22. EARS—GENERAL (Int. & ext. canals) (Auditory ceutly under items 70 and 71)  X 23. DRUMS (Perforation)  X 24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)  X 25. OPHTHALMOSCOPIC  X 26. PUPILS (Equality and reaction)  X 27. OCULAR MOTILITY (Associated parallel movements, nystagmus)  X 28. LUNGS AND CHEST (Include breasts)  X 29. HEART (Thrust, size, rhythm, sounds)  X 30. VASCULAR SYSTEM (Varicosities, etc.)  X 31. ABDOMEN AND VISCERA (Include hernia)  32. ANUS AND RECTUM (Hemorrhoids, figulac)  X 32. ANUS AND RECTUM (Hemorrhoids, figulacity)	ST., 1940  ES. (Describe ever comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment. Comment.	14. NAME, RELATIONSHIP,  16. OTHER INEOBNATION  TIME IN THIS CAPACITY (7)	AGENT TION PHYSICAL  II. ORGANIZATION UNIT AND ADDRESS OF NEX OUTPATIENT EST HOUSTON TORK NEW YOU Enter pertinent use additional sheet is operation, stomack gal	TOF KIN  CLINIC  STALE  DEC 1 8 1974  CLINIC  STALE  DEC 1 8 1974  LIST SIX MONTHS  item number before, each of the inecessary.)
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SIS. EXAMINING FACILITY OR EXAMINER, AND ADDRESS  S. PUBLIC HEALTH 245 W. HOUSTON  IT. RATING OR SPECIALTY  CLINICAL EVALUATION  NOR. (Check each item in appropriate column; enter "NE" it not evaluated.)  X 18. HEAD, FACE, NECK, AND SCALP  X 19. NOSE  X 20. SINUSES  X 21. MOUTH AND THROAT  X 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)  X 23. DRUMS (Perforation)  X 24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)  X 25. OPHTHALMOSCOPIC  X 26. PUPILS (Equality and reaction)  X 27. OCULAR MOTILITY (Associated parallel movements, invalagemus)  X 28. LUNGS AND CHEST (Include breasts)  X 29. HEART (Thrust, size, thythm, sounds)  X 30. VASCULAR SYSTEM (Varicosities, etc.)  X 31. ABDOMEN AND VISCERA (Include hernia)  X 32. ANUS AND RECTUM (Hemorrhoids, fistuar) (Prostate, if indicated)  X 33. ENDOCRINE SYSTEM  X 35. UPPER EXTREMUTIES (Strength range of account) (100 cm)  ST. ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STRENGT (100 cm)  ST. STR	1942 1956 1965 1974	14. NAME, RELATIONSHIP,  16. OTHER INEORMATION  TIME IN THIS CAPACITY (7)  y abnormality in detail.  ontinue in item 73 and continue in item 73 and co	OUTPATISMI EST HOUSTON TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW YOU TORK NEW	CLINIC STRIET DEK 10014 DEST SIX MONTHS  item number before, each of the six if necessary.)  1 bladder and
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37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	_	3	A FED 10	1975
X 38. SPINE, OTHER MUSCULOSKELETAL	· a = 55	C	0 FEB 18	1919 3
NE 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	و الله الله الله	11 30 11		CONTRACTOR OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED IN POST OF THE PERSON NAMED
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43. PELVIC (Females only) (Check how done)	CLOSURE		*	
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4. DENTAL (Place appropriate symbols, shown in examples, above of	or below number of	upper and lower teeth.)	REMARKS AND	ADDITIONAL DENTAL
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75. RECOM	MENDATIO	NS-FURTH	ER SPEC	IALIST EXAM	INATIONS	INDICAT	ED (Spec	ify)		••••	~ ~ ~			76.	•	A. PI	HYSICAL	PROFI	LE.	
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77. EXAMI							ŧ					۳ ,								
A. □ IS 0 B. □	UALIFIED F	OR WALIFIED FO	OR .	,				•				Fig.	T 6,		•	B. PHY	/SICAL C	ATEGO	RY	
78. IF NOT	QUALIFIED	, LIST DISC	UALIFY	NG DEFECTS	BY ITEM	NUMBE	₹								A ''	8		С		ε
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81. TYPED	OR PRINTE	D NAME OF	DENTIST	OR PHYSICI	Att (Indic	ate whi	ch)			SIG	KATURE		R	1	Sa	fa	oh!	2.	- کرے	
82. TYPED	CR PRIMTE TATAL	D NAME OF	REVIEW ATAY A!	RBASH, ING OFFICER DPOULO	OR APPRO	D A	DIRE	ال الم	······································	Sig	NATURE	<u> </u>	<del>!  .</del> /	/		U		NUI	ABER OF	AT.
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### Attachment to Standard Form 88, Report of Medical Examination For Information and Guidance of Medical Examiner

Nan	ne of Examinee 🚉	PURCHIA		<u> 1710</u>	HOLAS	VOHN	<u> </u>
(	Type or print)		Last	-	First	Middle	
The	e following portions	of the attached	examination	report fo	orm need not be co	ompleted:	
	3	9	• •	62	69	-	
	4	11		65	72		
	8	14		67	76		
	•	17		68			
45,	any other applicar	nt unless the exam	nining phys	ician de	ems one, two, thre	y applicants but not for se or all four of the ny current employee.	r
48.						my applicants; (3) all es such as desirable.	
71.	and Special Agent	s. Applicants for	r the Specia	l Agent	position will not b	pecial Agent applicant be accepted if the hear eech range (500, 1000	ing
For Emp	All Examinees, Wh ployees:	ether Clerical or	Special Age	ent Appli	cants, National A	cademy Applicants, or	•
The	e medical examiner	should answer the	e following	question	:	,	
	Examinee	is lis no	t qualified t	for stren	uous physical exe	rtion.	
		•				, and National Academ	у
	Does examinee have dangerous assignme					n in defensive tactics	and
C	No Yes If	"yes" please spe	ecify defect	s			
who	o drive Bureau vehi Does examinee hav	cles: e any defects pro	hibiting saf	e operat		e, and other Employees	<b>S</b>
	▼ No □ Yes In	f "yes" please sp	ecity detect	us			
		eye and 20/100 i ile operating a mo	n the other, otor vehicle	correcte?	ed or uncorrected.	tant vision must test Should examinee wea e basis	
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DESIRABLE WEIGHT RANGES										
		MALES		FEMALES						
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame			
5'4"	117 - 138	123 - 149	131 - 163	5 <b>'</b> 0"	96 - 114	101 - 124	109 - 138			
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141			
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144			
5'7"_	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149			
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152			
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156			
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161			
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165			
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169			
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174			
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179			
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185			
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190			
6 <b>'</b> 5"	174 - 204	182 - 222	192 - 238			,				
			•	Black			^			

4.	Examinee's frame is small medium arge
	Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight Satisfactory Excessive Deficient
6.	Under proper medical supervision, employee should pounds
	gainpounds
Re	marks:
_	

Dr Julia Bourne of Medical Examiner

1//6/75
Date

FD-354 (Rev. 11-19-70) OPTIONAL FORM NO. 10 MAY 1982 EDITION GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

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TOTA		DIR	ECTOF
7M	1 2 1 5	•	

FBI

FROM

SAC, NEW YORK

INTERVIEW OR REPORT RE SICK LEAVE

SUBJECT:

NICHOLAS J. SPECIAL AGENT

X Captioned employee ha				of a day	or more	within	six month	s or lo	ess
on the dates set out be	low and has explained	these absences a	s follows:	 ,					´ .,

	1				and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
	The attendance record of captioned	employee has previously	been brought to the Bure	au's attention, a	nd this is a follow-up
	report. Since the last report to the	Bureau, the employee has	had the following illness	s absences of a	day or more:
-	*, · · ·	>			

Date	Reason .	r. "."	nau inc	Date	, 11M1000		Reaso
6/7/74	Stomach	disorder	 ,	·,, · · .			. 4
6/10-11/74	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# II * * * * * * * * * * * * * * * * * *	 e de de	, , , , , , , , , , , , , , , , , , ,			,
6/13-14/74	, <b>, , , , , , , , , , , , , , , , , , </b>			. · · :	, <b>-</b> "	1	, k ,
6/18/74	n	11	* ,				
6/21/74	. # **	. 11	 		. 1 1	16. 64	· '-ā

Employee l	nas	<b>_1</b> 977	hours	οŤ	sick	leave	accrued	ı

### CHECK AND COMPLETE APPLICABLE ITEMS

(X)	Under a physician's care? Dr. ROBERT PONTONE, Ridgefield Park, New Jersey	
X	Employee was advised attendance would be followed.	
	Attitude of employee was excellent	
	Employee was referred to Health Service (where available) for assistance.	0
	Communication previously submitted re employee's sick leave, dated	
īXī	Work-record is <b>excellent</b>	
7	Additional comments	

Additional comments.

### RECOMMENDATION(S)

Employee's le	ave record is	s considered t	o be so as	ggravated a	s to require	submission	of doctor's	certificate f	or future	sickness
absences of a										
certificate, an										

X No action necessary; for information.

Follow-up report will be submitted in 60 days.

New York (Personnel File of SA PURCHIA)

Interview conducted by (signature)

SUPERVISOR

Title

3-496 (B.	ev. 2-7-74)	•	RETIREMI	ENT INFO	DMATION			,	
Name:	Micholas J.	Purchia	RE I, I REMI	ZRT INFO	RMATION	e:	3-4-75	<i>;</i>	
Bure is fo	Application for R enclosed "Applica eau for forwarding t or your records and	ation for Retiren to the Civil Serv you should det	nent" should be vice Commission	executed (or o . (CSC) for an	changed as indi proval. The inf	cated below)	and promptly retu	med to the	
Mak you hav If so, yo make a Not The were annu The were allo	T OR REDEPOSIT ing either a deposit e already made the pour may ignore this indeposit or redeposit applicable. deposit you may or withheld from saluity will be reduced redeposit you may e withheld from you wed in the computation may owe is approximate.	t or redeposit is deposit or redematter now. If it, you should rewe is a paymen ary. Credit is a deach year by owe is a payme owe is a payme is alary but latition of annuity	posit indicated inot, after a reviequest Bureau to to the retireme given for service 10% of the amourant to the retiremer refunded to your properties.	below without ew of the app forward Stan  nt fund to cove not covered  nt due as depo nent fund to cove not fund to cove not covered	the Bureau's kroximate annuit dard Form 2803 for a period of sby deductions; sit. The amou over a period of our separation	nowledge, he figures show to you. Ret ervice during the however, if the town may or service for from civilian	aving dealt directly we below, should urn this form to the g which no retirem he deposit is not possible to approximate which retirement demployment. No	y with CSC. you decide to e Bureau.  ent deductions paid, your ly \$ leductions credit is	
Annuities are computed on full months of service. The estimated annuity below is based on your E Bureau service, including year, months of accrued sink leave, other civilian Government service and/or military service known to us, totalling years, months, days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement or for SA retirement cannot be made final until CSC has notified FBI of the approval of your application.									
Married Red to S	OF ANNUITY  applicants only uced Type of Annu pouse (See over, no agraph, Health Beno	ext to last	. 1607* - 1750*	With Deposit	Without Deposit	With Redeposi	Without t Redeposit	With Deposit & Redeposit	
Ann Unmarr	uity Without Survivoied applicants only	or Benefit v (Including Wic	ss lowed or Divorce		\$	\$	\$	\$	
Ann Ann	uity without Surviv	or Beņefit	\$\$		\$	\$	\$	\$	
	uced Annuity With son having an Insurab		\$ \$		\$	\$	\$	\$	
	vivor Annuity (55% of ion of your annuity				\$	\$	\$	. \$,	
SEPARA Since ye	ATION FROM ROL	LS ctive duty c	eased active du	ty on 4-21	5-75 your	annuity wil	l commence	26-75	
immedia	itely following the	cease activ	e duty date or [_	_ expiration of	or sick teave on		`		
earned t	through							siness	
this may	y change the effect	ive date of your	ual leave or sick rretirement and	leave was or shorten your	r will be used b total length of s	y you subsectorice. Bure	quent toeau should be advi	sed im-	
this may change the effective date of your retirement and shorten your total length of service. Bureau should be advised immediately of any such change.  If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. CSC will advise you of this amount.  If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. CSC will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.  Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of									
assi tos X You	istance to you. No urviving spouse. It should send CSC cowing your separatunt of \$	te: You are red n the usual cas over your signat	quired to file a F e it is unlikely a ure any change :	ederal gift ta any tax will b in address, se	k return, Form 7 e payable; howe etting out your (	09, if you el ever, a tax re CSA (retirem	ect a reduced annueturn must be filedent) number.	uity with benefit	

*Based on 12-31-74 computation.

67-413797-130 Englosure To (ov

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE			
Records show you elected Optional Insurance of \$10,000 and he Records show you declined Optional Insurance but are covered	ave Regular Insurance of	f \$ 34 00	<del>``</del>
I I RECUIDS SHOW YOU WHIVER DOID REMILER AND CINTIANAL INCURANCE			
You may continue your group life insurance coverage following retibeing required to undergo a physical examination. Conversion to a	rement or convert it to	n individual lif	e insurance policy without
premium for a person of your age and class of risk. If you decide t	o convert the Dungan	ice policy nece	ssitates paying the usual
reduced 75% (at 2% per month) by the time you reach age 68 years a remainder of life. Optional Insurance of \$10,000, if continued are Thereafter, it is cost free for the remainder of life and common aircreafter.			
Insurance. The premium cost of Optional Insurance varies as to ag to \$41.17 monthly for persons age 60 or over. Optional Insurance man 65 provided you keep Regular Insurance. To retain the Optional			
Your alliumy, for high have had uniform insurance for all of your	carving during which if	woo owoilahla	(6:
or for 12 years immediately before your retirement. Optional Insural eligible to continue it or, if you do not wish Optional Insurance to be CSC and still keep your Regular Insurance.	a confinued was may s	CONOROUS AUTOR	of ones time - beautiful
obo and star keep your regular insurance. Following retirement, o	lollole indemnity benefi	s concerning a	ccidental death and
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o convert the optional insulance, similar in diministrate a signed	statement that you wan	u snoula submi t to convert the	Ontional Insurance to
an individual policy and wish to be informed now to do it.			
Note: If the annuity of an insured retired employee is terminated un life insurance coverage stops on the date of such termination			
DESIGNATION OF BENEFICIARY, STANDARD FORM 54 FEDED	YI EMDI UAKEC, CDV	UD LIEF INCH	RANCE FILED:
No. Beneficiary will be in order of precedence used by U.S. Goy Yes; beneficiary designated as	vernment, i.e., (1) wido	v or widower,(2	children, (3) parents, etc.
This designation is being forwarded to CSC and it will remain v	alid unless		•
changed or canceled. Contact CSC for any change desired follo	wing retirement.		
FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM Records show you elected not to enroll.			
Records show you enrolled in the following plan:			
Government-wide Service Benefit Plan (Blue Cross - Blue St			
Government-wide Indemnity Benefit Plan (Aetna Life Insurar Comprehensive Medical Plan	nce Company)	ŧ	
Special Agents Mutual Benefit Association (SAMBA) (See in	formation below on SAM	BA Life Insura	nce)
Unless you cancel your present health benefits enrollment, you will	remain under vour heal	h benefits plan	after retirement, and your
enrollment will be transferred to CSC. The cost of your share of the Enrollment of an employee who dies while he is enrolled "for self a	e pian will be deducted nd family" continues fo	from your annui	ty by CSC.
is entitled to an annuity as the survivor. If the survivor annuitant is	s the only eligible famil	y member, the i	etirement system will
automatically change the enrollment to "self only."			-
The original of SF 2810, "Notice of Change in Health Benefits Enrol	llment," will be forward	ed to you by the	Bureau at a later date.
The digital of the 2010, Notice of Change in Median Benefits Emer			
SAMBA LIFE INSURANCE - The life insurance you carry under SAM	BA'on vourself and den	endents will co	ntinue in force until 1-10
SAMBA LIFE INSURANCE - The life insurance you carry under SAM or 7-10 coinciding with or next following the date of your retirement	BA'on yourself and dep	remium semi-ar	mually, However if
SAMBA LIFE INSURANCE - The life insurance you carry under SAM or 7-10 coinciding with or next following the date of your retirement premium for this coverage is withheld by payroll allotment, the life is becomes effective, with a 31-day grace period. If you desire to contain the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the proper	BA'on yourself and dep providing you pay the p insurance ceases as of tinue the protection bey	remium semi-ar the date your so ond this time. v	nually. However, if eparation for retirement ou may do so without a
SAMBA LIFE INSURANCE - The life insurance you carry under SAM or 7-10 coinciding with or next following the date of your retirement premium for this coverage is withheld by payroll allotment, the life becomes effective, with a 31-day grace period. If you desire to complysical examination on you, your spouse, and children under age 2.	BA'on yourself and dep providing you pay the p insurance ceases as of tinue the protection bey	remium semi-ar the date your so ond this time. v	nually. However, if eparation for retirement ou may do so without a
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#### ADDITIONAL INFORMATION ·

SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIRED

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(To be completed by

npleted by they employing office and attached to employee's

retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

					A. IVE	MIIRCAII	UN UF APPL	ICANI			
1. NAME OF	APPLIC	CANT (Last, 1	irst, A	(iddle)			2. DATE OF BIRTH (Month, Day, Year) 3. SOCIAL SECURITY ACCOUNT NUMBER				
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			C. INFO	RMATION CON	ERNING CREE	ITABLE A	AILITARY SE	RVICE (If claim	ed by applica	int)	
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IMPORTANT: SI not acceptab	F 144, Sta ble for ret	tement of Pricirement purpo	r Feder	al Civilian or M	ilitary Service	or comp	arable docu	ment containing	applicant's un	verified allegation o	f military service, is
FROM		TO		BRANC				DISCHARGE .	**	TIME LOST, IF	ANY
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	Attach :	a copy of appli	cant's m	nilitary retired p	ay order, <u>if a</u>	vailable.	Ye	s. Attach copy waiver, <u>if a</u>	of military fina vailable.	nce center letter to	employee accepting
CSC 1084				ALSO (	OMPLETE AN	D CERTIF	Y OTHER SIL	OE OF THIS FOR	ses where waive		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
May 1971					EN(	1108	WAR C	7-4	1/37	97-130	([

#### D. TYPE OF IMMEDIATE RETIREMENT

1. AGE • Enter date that notice of mandatory separation wa	as given to employee(Date)								
2. POPTIONAL (Voluntary) • If retirement is under special provision for law end	orcement employees, attach agency head's recommendation.								
— DISCONTINUED	aration and copies of all relevant documents exchanged with employee.								
Prepare two copies of SF 2801-C, transmittal of me	edical documents, according to instructions on SF 2801-C.								
4. DISABILITY  • Attach Duplicate copy of SF 2801-C to this form for	r submission with application for retirement, SF 2801.								
• Send Original copy of SF 2801-C with medical doc retirement from the applicant's place of employme	numents to civil service commission office having medical jurisdiction over disability nt.								
E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS									
<ol> <li>IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVEF 870-1, Life Insurance, subchapter S6, for detailed instructions)</li> </ol>	RAGE DURING RETIREMENT? (See Federal Personnel Manual supplement								
YES. Enter following information below:	NO. Give reason below:								
Eligible to continue regular insurance only.	Less than 12 years service for life insurance purposes and retirement not for disability.								
Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:	Waived all life insurance coverage.								
	Not eligible for life insurance.								
2-14-68 (Insert date of most recent SF 176, Election, Declination, or Waiver of	Other (specify)								
life insurance coverage) .									
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH Manual supplement 890-1, health benefits, subchapter S14, for detailed	I BENEFITS ENROLLMENT DURING RETIREMENT? (See $Federal\ Personnel\ d\ instructions)$								
X YES. Enterfollowing information:	NO. Give reason below:								
442	Less than 12 years service for health benefits purposes and retirement not for disability.								
Enrollment Code Number 3205918	Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less.								
Carrier Control Number	Not enrolled for health benefits. Other (specify)								
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage an cedures below will be followed in submitting SF 2801, Application for Retireme propriate box(es) below.	d/or health benefits enrollment during retirement, determine which of the two pro- int. After life insurance <u>and/or</u> health benefits actions have been taken, check ap-								
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE								
SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after, separation for retirement.	SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.								
LIFE INSURANCE DOCUMENTATION	LIFE INSURANCE DOCUMENTATION								
Applicant eligible for continued life insurance coverage.	Applicant eligible for continued life insurance coverage.								
Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status)	Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary)								
NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.	will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.								
HEALTH BENEFITS DOCUMENTATION	HEALTH BENEFITS DOCUMENTATION								
Applicant eligible for continued health benefits enrollment.	Applicant eligible for continued health benefits enrollment.								
Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and <u>all</u> personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to <u>final</u> SF 2806, when submitted <u>after</u> separation for retirement.								
F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE	G. AGENCY EMPLOYING OFFICE CERTIFICATION								
	I certify that the information contained on this form accurately reflects official								
Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.	personnel records in the custody of this agency.  SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL								
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.	OFFICIAL TITLE DATE								
3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission,	Personnel Officer 3-4-75  AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELE-								
Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter	PHONE NUMBER, INCLUDING AREA CODE FBI 202-324-4981 9th St. & I Ave. N. W.								

مو پر سخ په Assoc. 1)ir. Dep.-A.D.-A Dep.-MD.-N Asst. Dr. Admin Comp. Syst. Ext. Affairs . Files & Com. . Gen. Inv. _ Ideat. ____ Inspection . Intell. New York, New York Laboratory ... February 25, 1974 Plan. & Eval. _ Spec. Inv. Training .___ Legal Coun. ... b7C Tclephone Rm. __ Honorable Clarence M. Kelley Director Sec'y Director Federal Bureau of Investigation Washington, D. C. Dear Mr. Kelley: I respectfully submit my request to retire from my position as Special Agent, Federal Bureau of Investigation, to be effective at the close of business, April 25, 1975. I find that this letter is difficult for me to Since my acceptance as a Special Agent on December 9, 1946, I have found my work both gratifying and rewarding. In addition, my service of over twenty-eight years has made me proud to be associated with an outstanding group of dedicated men. I would consider it an honor to receive a personally autographed photograph of yourself. I want you to personally know the Federal Bureau of Investigation will always have my support and my willingness to be of assistance to the organization. Sincerely yours, Micholas J. Hurchia NICHOLAS J. (PURCHIA 9 MAR 11 19753 Bet out 15 mm

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Report of Exit and Separation FD-193 (Rev. 7-10-74)		Post inchts
\ ^{≭9} :\N~Director, FBI	2/25	175 -00 10
FROM: SAC, New York	DATE:	
Name of Employee	EOD Date	Title
NICHOLAS J. PURCHIA	12/9/46	SPECIAL AGENT (include Zip Code, if known)
Last Local Address 9 Blauvelt St., Teaneck, New Jersey 07666	Same	metade zip Gode, ij miowio
Cease-active-duty Date (hour and last day physically at work) 5:00 pm, 4/25/75		de workweek if other than Monday-Friday) 5:00 pm
Interview Conducted By (Signature)	SPECIA LitlAGE	ENT IN CHARGE
LEAVE DATA Leave category 4	□ 6 □X X8	
Hours of accrued leave employee will have at close of business of the last day physically at work. Do NOT add accruals if effections of annual leave carried over at beginning of current leave Leave to be used prior to cease-active-duty date  Note: Public Law 93-181 provides employees are paid for all a	on cease-active date we tive date of separation year.	chich is the last hour is at a later date.  ———————————————————————————————————
If employee has been granted advanced leave, indicate number h	ours owed at close of o	cease-active-duty date. AL SL
READ BEFORE INTERVIEWING Purposes: 1 - Obtain real, motivating reason for resignation		
<ol> <li>Cotain real, motivating reason for respiration</li> <li>Save a valuable employee if possible</li> <li>Serve as basis for (1) information supplied by Bureau upon reanalysis of turnover, (3) determining necessary or desirable recommendation regarding future reinstatement.</li> <li>When and Where Conducted: As promptly as possible after receign them.</li> </ol>	organizational improved of resignation in ade	couate privacy with adequate time.
Reasons Given for Separation: First, carefully weigh reasons for exit interview to determine real motivating reason for resigning. job, leave city where assigned, or otherwise just return home, esshow resigning to seek employment closer to home meaning moti other, execute reason(s) under B. Explain all under Item M. Con	If such reason was be secute a reason under I vating reason is to retu	tem A below. (For instance employee might
<ol> <li>Return to Home Area</li> <li>Homesick for Family and Friends</li> <li>Unable to Adjust to City Environment</li> </ol>	9. Dislike o	faction With Assignment of Production or Work Standards Performing Overtime
4. Living Costs 5. Transportation		Shift Assignment Conditions - Physical Plant (i.e., no air
6. Housing 7. Concern Over City Life (Crime, etc.)		conditioning) Conditions (other than physical plant) Promotional Opportunity
	В.	·
15. Military 16. Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment) Check both reason and type. Reason: a. Promotional b. Enter different field	23. Housewi 24. Resigna 25. Removal All i Abar	nvoluntary separations
Type:  a. Other Government employment  b. Private industry	26. Resigned	
c. Self-employment 17. Poor Health (Self) 18. Poor Health (Family)	Optio	onal (including liberalized); give reason bility
19. Marriage 20. Maternity 21. Attend School; locally; other area	28. 🔲 Other (E	explain under comments)
C. 1. Did employee violate terms under transfer agreement, 3-5 FD-382 Yes No; Government Employees Traini agreement, 12-69? Yes No	34b Yes 👿 No; ng Act, FD-375 Ye	Foreign Assignment, es No; transportation expense
2. Did employee resign prior to expiration of any agreement following initial appointment or following special training and explain under Item M. Comments.	t made not covered in #	1 such as to remain a specific period
3. If FBIHQ clerical employee, did employee resign within 4. If answer to either question for 3 above is "yes": a. Advised employee any money due being held in a by Advise Bureau of resignation, Attention Data Pro	hevance until determin	
1-Pers. File in	,	(over)
1-NY 66-2961 1		Č.

Ď.	Doe's employee have any specific suggestion for improving the organization? XX No Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)	
E.	Has employee been cautioned about divulging confidential information acquired in job?XX\\TYes \sum No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.	
F.	All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.). XIX Yes \(\sum No\)	
G.	If employee is resigning for maternity purposes, appropriate block must be marked:  Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.	
	Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.	
	Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)	
н.	Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. XX Yes \(\sum_{\text{N}}\) No	
1.	Was employee instructed that if enrolled under the Special Accident and Travel Insurance (SATI) coverage under the Accident Protection Benefit Plan continues for 31 days from the last day of pay period in which a deduction was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. Employee is eligible to continue this coverage at the same rates and amounts to age 65. If employee desires to continue this coverage he/she should immediately contact Wright & Company, 1001 Connecticut Avenue, N. W., Suite 1222, Washington, D. C. 20036. XX Yes	
J.	Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? XXXYes \( \text{No} \) No Was employee urged to satisfactorily pay his (her) just debts? XXX Yes \( \text{No} \) No	'* _ه ر
κ.	Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? Yes No  The retiring employee is qualified and desires the 20-year plaque XX 25-year plaque 30-year plaque.	6 7C
L.	The retiring employee is qualified and desires the 20-year plaque XX 25-year plaque 30 year plaque.	
м.	Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)	
	·	
N.	Has there been any substantial change in employee's work performance record since submission of last performance rating?  XXNo Yes If "Yes" give current adjective rating and basis for change.	
	$^{-1}$	
	·s····································	
0	Recommendations re reinstatement: Yes No (If No, explain why.)	
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### UNITED STATES GOVERNMENT

Memorandum

TO		:	Dir	ect
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Director, FBI

DATE:

2/11/75

FROM SAC,

NEW YORK

Attention: Personnel Section

SUBJECT:

NICHOLAS JOHN PURCHIA SPECIAL AGENT PHYSICAL EXAMINATION

Remylet	
ReBulet	_ <del>_</del> :
X Re physical examination of 11/6/74	
E Dental work was completed on <u>December 1974</u>	·
Vision has been corrected to	Employee specifically instructed
bv	
(date) by (name of person giving	instruction) that he can operate a Bureau car
only when wearing the necessary glasses.	
Results of chest X ray patch test urinalysis	serclogy were negative.
Enclosed physician's statement indicates he is qualified for	strer wous physical exertion and use of firearms.
Enclosed are paid unpaid medical bills.	
Attached are Bureau of Employees' Compensation forms	
	ES-MOR RECORDED-10
X Physical examination reports are enclosed.	15% CALLE W. Will Below
Employee is scheduled for physical examination on	
X Physical examination report has been reviewed and initialed.	
Employee returned to active duty	
Employee's physical condition is	·
UACB he is being removed from limited duty.	
UACB he is being placed on limited duty.	
If employee is a Resident Agent, is there a sufficient amount are sufficient agents available to handle emergency assigns immediately submit your recommendation for the return of the	nents. Yes No If answer is no, separately and
	imal high frequency hearing loss,
EKG reflects left atrithat in 12/73. No significant chang Evaluated in past as r	other than this
1 - Bureau 1 - New York JJM: gt	



### REPORT OF PERFORMANCE RATING >

		,
Name of Employee:	NICHOLAS J. PURCH	IA SSN 069-16-6407
Where Assigned:	NEW YORK	INTERNAL SECURITY (Section, Unit)
Official Position Title	e and Grade: SPECIAL AGE	
Rating Period: from _	t	o3/31/75
March & March 1987	·	
ADJECTIVE RATING:	EXCELLENT Outstanding, Pxcellent, Satisf	factory, Unsatisfactory  Enployee's Initials
Rated by: YMOND J. RUCKEL	Signature Sucke	Supervisor 3/31/75  Title Date Special Agent
Reviewed by:	Signature Signature	$ \underbrace{\text{in Charge}}_{Title}  \underbrace{\frac{3/31/75}{Date}} $
Rating Approved ly:	glul Trals	Assistant Director MAYLE 19
TYPE OF REPORT		
Official     Annual	Administrative  60-Day  90-Day  Transfer  Separation from Service  Special	8 APR 17 1975
MAY 201975 (28		TUREE

### PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL CHECKLIST AND NARRATIVE COMMENTS (For use as attachment to Performance Rating Form FD-185)

4	
Name of Employee NICHOLAS	J. PURCHIA # 069-16-6407
with current, existing job description r RATE ITEMS AS FOLLOWS: (See Man	ual of Rules and Regulations for detailed instructions.)
Uutstanding (To warrant overall +, all	rated elements must be $+$ , and justified in writing.) d by E or $+$ on majority of items, including important elements.)
Satisfactory	ս սչ ը տ <del> տե տայտու</del> ց տ աշտութ, աշտութը տարտանան «tements».
Unsatisfactory (If any item so rated, o Unsatisfactory rating n	verall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall nust be supported in writing.
O No opportunity to appraise. In other r	esponses, use "X."
(Use INK for Checklist - DO NOT TYPE)	RESPOND TO EVERY ITEM
1. Personal appearance.	
2. Personality and effectiveness of	his personal contacts. . cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
	i, energy, stamina). Any physical limitations affecting performance? Yes XNo. Has more sick leave (including annual leave or LWOP for illness) during the rating period than the leave earned during such period? Yes XNo. If answer to either is yes, explain.
(	
5. Resourcefulness, ingenuity, and i	
	se, ability to arrive at proper conclusions, ability to define objectives.
8. Planning of work.	
9. Accuracy and attention to pertine	
10. Productivity, including amount of adherence to deadlines, unless fa	acceptable work produced and rate of progress on or completion of assignments. Also consider allowed is attributable to causes beyond employee's control.
11. Knowledge of duties, instructions	s, rules and regulations, including readiness of comprehension and "know how" of application.
12. Performance results (rate if appli	cable and mark others 0)A. Internal Security;B. Criminal or General
performance:	D. Applicant; E. Accounting; D. F. Other, such as Supervisor. entire rating period, including performance in other divisions, and appraisal of overall work
SA PURCHIA is assig	gned to the section which handles the investigation of
organizations and individuation organizations and inc	lals affiliated with the Communist Party USA. He hands
matters writer ne nangles	With a minimum of supervision. He is a highly resource
rur, conscientions, relig	DIE, and industrious agent who can also be depended
is due to retire effective	On matters assigned to him It is noted SA DUDCHIA
•	
•	
Complexity of matters handled: Degree of supervision required:	None       Moderate       Most complicated         Above average       Average       Minimum       None         Employee's
	r that during the course of receiving the performance rating day or 90-day reports) employee has read and understands
. B. Is employee available wherever needs of	service require for general assignment? 🚉 Yes 📉 No Special assignment? 🚉 Yes 🎉 No
C. Is employee qualified to operate a motor of the first answer is "yes," personnel file must re	
	ng most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident
ADJECTIVE RATING:	E'YOTH T THAT FUPL OYEF'S INITIALS
(Outstanding, Excelle	ent, Satisfactory, Unsatisfactory)

4	
(Checklist and Narrative Comments continued)	
13. Firearms. Check One: Qualified Qualified Instructor Expert	ļ
14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.	
During rating period developed informants; potential informants.	
Although he has not developed any informants or sources in this rational he continued to handle or informant promised by continued to handle or informant promised.	ng.
period, he continues to handle an informant previously developed in a highly	
capable and efficient manner and has the Bureau's informant program in mind	•
luring the course of interviews of individuals in connection with his invest	ıga.
ions 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)	
A. Reports; B. Memos, letters, wires.	
16. Performance as a witness. During rating period; Based on past performance; No experience.	
17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline	
applicable.)	
A. Leadership F. Devising procedures G. Promoting high morale	
G. I folioting high morate G. Making decisions H. Getting results	
D. Assignment of work I. Furthering equal employment opportunity	
E. Training subordinates	
18. Raids and dangerous assignments; A. As leader; B. As participent.	
19. Miscellaneous. Specify and rate:	
A/A Dictation; Applicant recruitment; Other	
20. Police Instruction: Qualified Participated Audited	
21. Foreign Language Ability: Proficient inlanguage(s).  Can handle typical investigative problems as follows:	
A. Conversation form Excellent Very Good Good Fair Unsatisfactory	
B. Written form Excellent Very Good Good Fair Unsatisfactory	
Frequencylanguage ability used during rating period	
Anticipated use during ensuing year	
C. Completed Bureau Language School No Yes Specify language(s)	
22. Administrative Advancement: (X) (Check block if not interested.)	
A. Yes No Agent is completely available for administrative advancement.	
B. Yes No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.	
C. If answer to B is "Yes," Agent's qualifications are considered Very Good Excellent Outstanding	
Explain if interested but not now qualified.	
23. Number of Incentive Awards	
Commendations received from Director: Individual Through Superior	
Suggestions submitted	
If none, check block .	
24. Disciplinary Action and Justification for any Unsatisfactory Items. None (List items taken into consideration on Checklist.)	

16 1-2575 am to comm 4-26-75

March 4, 1975

March 4, 1975

PERSONAL

Mr. Nicholas J. Purchia Federal Bureau of Investigation New York, New York

Dear Mr. Purchia:

1975

MAILED 7

I have your letter of February 25, 1975, concerning retirement, and am certainly sorry to see you leave.

Loyalty and devotion to duty have marked your service to this organization for well over twenty-five expense, and I want you to know of my appreciation. You can take justifiable pride in the capable efforts you have expended in furtherance of meeting our responsibilities, and I am glad to note that you have derived satisfaction from your association with the FBI and its personnel.

It will be a pleasure to forward under separate cover my autographed photograph as you requested. Thank you for your assurance of continued support and offer to be of future assistance. I hope that the years ahead will be happy ones for and you.

	nappy ones for	and you.	A B		6
Assoc. Dir	Rus:nigh	Sincerely,	Salery	6513 (5-9	13294
Dep. AD Inv Asst. Dir.:	((8)	C. M. Kelley	J	12/)	65-00
Admin	1 -\SAC, New Y	York (Personal Attention)	Enclosures (5	) The attached	Form 3-496
Comp. Syst Ext. Affairs	with 3 enclosur	es should be given to SA P	urchia. The	re is also attac	hed a
Files & Com	copy of Form 3	3-496 for your information.	· 7/4		b6
Gen. Inv	1 -		500	and the second	b7C
Inspection	1 - <u>Data Proce</u>	ssing Section (Sent Direct)		//	
Intell	1 -	$\downarrow$ (Last physical on $12-18-7$	7 <b>4</b> ) ·	•	
Plan. & Eval	A -	SA Purchia's cease active			
Spec. Inv	/ SA. Forwardi	ig address 291 Blauvelt Str	eet, Teaneck	, New Jersey	07666.
Legal Coun.	M. Mr.	Eu			4 1
Telephone Rm	MAIL BOOM W	CELETYPE D'NIT	See Nete 1	Page 2	

Mr. Nicholas J. Purchia

(Continued)

NOTE: SA Purchia is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as an Agent, New York Office, in GS-13, \$27,632 per annum.

Remarks:

2- Bureau
(1 - Package)

MENC. - New Tyork
RJR: ji
(3)

THREE

#### FEDERAL BUREAU OF INVESTIGATION FOIPA DELETED PAGE INFORMATION SHEET

#### DELETED FACE INTORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

Total Deleted Page(s) ~ 14

Page 63 ~ Referral/Direct

Page 64 ~ Referral/Direct

Page 68 ~ Referral/Direct

Page 69 ~ Referral/Direct

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